



**C**ommonwealth's **H**ealthy **A**pproach and **M**obilization **P**lan for **I**nactivity, **O**besity, and **N**utrition.

## OBESITY PREVENTION PLAN

A curved banner with a blue top half and a red bottom half, separated by a white swoosh, resembling the Virginia state flag. The text "Leading Virginia to the Finish Line" is written across it in a bold, black, sans-serif font.

**Leading Virginia  
to the Finish Line**

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## **Executive Summary**

The obesity epidemic continues to be one of the most urgent health problems facing Virginia today. The prevalence of overweight and obesity in the Commonwealth has increased steadily. Data from the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS) reveal that from 1996 to 2007 the percentage of Virginia adults who were considered obese increased from 15.9 percent in 1996 to 25.3 percent in 2007<sup>1</sup>. Presently, nearly 62 percent of Virginia adults are considered either overweight or obese<sup>1</sup>.

The Virginia Department of Health's (VDH) Division of WIC and Community Nutrition Services (DWCNS) has embarked on a community-driven approach to address the growing overweight and obesity problem in Virginia through the creation of the Commonwealth's Healthy Approach and Mobilization Plan for Inactivity, Obesity and Nutrition (CHAMPION). CHAMPION is a unique strategy that concentrates on encouraging and supporting individual and community empowerment and ownership of overweight and obesity prevention.

In 2005, approximately 900 Virginians participated in nine separate regional and issue-specific meetings. During the regional meetings, participants divided into workgroups based on their familiarity with specific age groups. In the workgroups, participants identified the issues related to inactivity and poor nutrition that they felt contributed to obesity in their region. The regional meetings were a forum for participants to provide input on community strategies and ideas for combating the obesity epidemic in their communities. From these focus groups, four common themes emerged: nutrition education, community involvement, media intervention, and public policy. The identification of these themes was integral in the development of the CHAMPION Obesity

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Prevention Plan. The CHAMPION Report, a state summary of the CHAMPION regional meetings, was released in October 2006 by Governor Kaine<sup>2</sup>.

Immediately following the release of the CHAMPION Report, the DWCNS Obesity Prevention Team began the research to identify programs and processes that were consistent with the themes and region-specific solutions identified in the CHAMPION Report. National, state, and local nutrition and physical activity campaigns, programs, and policy options have been researched for consideration in the CHAMPION Obesity Prevention Plan.

The CHAMPION Obesity Prevention Plan provides tools and programs to decrease or eliminate obesity. It is a priority to ensure that community inputs drive the development of CHAMPION; therefore, the CHAMPION Obesity Prevention Plan has been constructed with feedback and recommendations from Virginians. This Plan identifies recommendations for action for communities and promotes effective interventions targeting behavioral, environmental and policy change strategies. The intent is for the CHAMPION Obesity Prevention Plan to be used as a tool to strengthen community efforts by providing recommended, evidence-based programs that are relatively inexpensive for communities to implement. In five years, through the execution of the CHAMPION Obesity Prevention Plan, the Commonwealth of Virginia will narrow health disparities and improve health outcomes related to obesity.

The Commissioner 's Work Group on Obesity Prevention and Control has worked to prioritize CHAMPION recommended programs for specific age groups. Additionally, with guidance from the Work Group, implementation of the CHAMPION Obesity Prevention Plan will focus on age groups and target those regions in Virginia with the highest rates of obesity.

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## **CHAMPION Obesity Prevention Program**

CHAMPION is a unique, community-driven approach to address the growing overweight and obesity problem in Virginia. The goals, objectives, mission and vision of the CHAMPION Program are listed below.

### **CHAMPION's Vision**

Achieve and maintain a healthy weight for all Virginians.

### **CHAMPION's Mission**

To equip Virginia 's communities with the necessary tools to decrease obesity rates within their respective regions and groups.

### **CHAMPION's Goals**

- The reduction in prevalence and incidence of overweight and obesity levels among Virginians reached through increasing community led interventions and programs.
  - The prevention and control of obesity and other related risk factors through Virginians making healthy food choices and increasing physical activity.
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## **CHAMPION's Objectives**

- To utilize suggestions and feedback from the community and encourage individual empowerment and ownership regarding obesity prevention and control in each of the regions.
  - To develop and disseminate an obesity prevention plan to improve healthful eating and physical activity resulting in prevention and control of obesity within Virginia 's communities.
  - To increase physical activity and healthful eating behaviors in communities through evidence-based programs targeting nutrition/physical activity, community involvement, media intervention, and public policy.
  - To collect surveillance data and use resources available to monitor the prevalence of overweight, obesity, nutrition quality and physical activity levels statewide.
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## Addressing Obesity in Virginia with CHAMPION

Virginia communities are affected by obesity. As rates of overweight and obesity continue to rise, efforts to address this issue within all age groups and in multiple settings will be important to improve the health of Virginians.



Health behavior is complex and is influenced by a variety of factors. Interventions that address individual behavior along with social and physical environments can have population-wide impact<sup>3</sup>. The key to prevention and treatment of obesity will be to bring changes from many directions, at multiple levels, and through collaboration within and between many groups. This social-ecological approach encompasses multiple levels of risk factors and health determinants: individuals, families and social networks, cultural characteristics including social and cultural norms and cultural differences, communities, systems of services, the built and natural environments, laws and political processes, and the interactions and reciprocal influences among them<sup>4</sup>. For example, shared responsibilities on movements such as increasing outdoor play opportunities and walking- or biking-to-school programs will require attention from zoning and planning commissions, public works departments, public safety and police agencies, school boards, parks commissions, community members, and parents.

In communities throughout the Commonwealth, obesity should be approached through the use of several channels extending throughout the lifespan. Strategies focused on obesity prevention and treatment must keep all ages from preschoolers to seniors, in mind. Preventing and treating obesity across the lifespan is a collective responsibility requiring individual, family, community, corporate, and governmental commitments.

Because of the shared responsibility in obesity prevention and treatment, the CHAMPION Obesity Prevention Plan focuses on age groups throughout the lifespan, multiple settings, and various factors that influence an individual ' s behavior. The CHAMPION Obesity Prevention Plan recommends multifactor efforts that range from nutrition education programs targeting behavior change and state legislation regarding school physical education requirements to community initiatives on expanding bike paths and improving recreational facilities. Various recommended programs included in the CHAMPION Obesity Prevention Plan emphasize collaborations between groups and partnerships among community members in various settings. By recommending changes in various levels within communities, the Plan focuses on several stages of influence on an individual ' s health.

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## How to Use the CHAMPION Obesity Prevention Plan

From the beginning, the purpose of CHAMPION has been to centralize awareness and coordinate efforts around obesity prevention. This tool, the CHAMPION Obesity Prevention Plan, is a strategic plan to address obesity in Virginia. The intent is for the CHAMPION Obesity Prevention Plan to be used to strengthen community efforts in obesity prevention and control by providing recommended, evidence-based programs for communities to implement.

The CHAMPION Obesity Prevention Plan is divided into twelve sections. The first five sections provide background information on the CHAMPION process, regional meetings, and additional information on the obesity burden in Virginia. Also, strategies for dissemination and promotion of the CHAMPION Obesity Prevention Plan as well as resources for funding opportunities are included. The next four sections describe and elaborate on the themes identified by Virginians during the CHAMPION regional meetings; nutrition education and physical activity, community involvement, media intervention, and public policy. Highlighted in each section are current Virginia and national initiatives and resources. Following the themes, the 5 Year Plan provides yearly recommended programs and corresponding themes for each target age group.

The CHAMPION Obesity Prevention Plan Appendix includes the Age Index of Recommended Programs and the Recommended Program Resource Guide. The Age Index identifies programs from the CHAMPION Recommended Program Resource Guide that reach each target age group. It is recommended that community groups use the Age Index to select programs that reach their population. Tips for using the CHAMPION Obesity Prevention Plan:

- Read the Table of Contents to become familiar with the Plan 's organization
  - Let the Plan be the first place to seek Virginia-specific obesity information
  - Reference the Plan when initiating obesity prevention and control efforts in your community
  - Consult the Recommended Programs Resource Guide for evidence-based, low cost nutrition education and physical activity programs to use in your community
  - Visit the Plan online, <http://www.vahealth.org/WIC/Champion/index.htm>, to learn more ways to use the CHAMPION Obesity Prevention Plan
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## **National and Virginia Obesity Burden and Trends**

Nationwide, there is a concern about the increasing percentage of adults and children that are overweight or obese. The dramatic rise in obesity rates in Virginia and across the nation can be observed in all age groups from preschoolers to seniors. Although the United States has the highest prevalence of obesity among the developed nations, it is not alone in terms of trends. Increases in the prevalence of overweight and obesity among children and adults have been observed worldwide.

For adults, overweight and obesity ranges are determined using weight and height to calculate body mass index (BMI), defined as weight in kilograms divided by the square of height in meters<sup>5</sup>. BMI is the most widely accepted method used to screen for overweight and obesity in adults, children, and adolescents because it correlates well with more accurate measures of body fatness and is derived from commonly available weight and height data<sup>6</sup>. Among adults, overweight is defined as a BMI from 25.0-29.9<sup>5</sup>. Obesity is divided into 3 classes; Obesity Class I is a BMI of 30-34.9, Obesity Class II is a BMI of 35-39.9, and Extreme Obesity is defined as a BMI over 40<sup>5</sup>.

Among children and adolescents, overweight and obesity are defined using sex-specific BMI-for-Age growth charts<sup>7</sup>. Previously for children, BMI between 85th and 95th percentile was considered at risk of overweight and BMI at or above the 95th percentile was considered overweight or obese<sup>8</sup>. In 2007, the Expert Committee on the Assessment, Prevention and Treatment of Child and Adolescent Overweight and Obesity released new recommendations for the management of overweight and obese children<sup>9</sup>. Overweight and obesity prevalence data included in the CHAMPION Obesity Prevention Plan correspond to the context in which the data was analyzed.

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With regard to classification, the Expert Committee recommends that :

- Individuals from the ages of 2 to 18 years, with a BMI  $\geq$  95th percentile for age and sex, or BMI exceeding 30 ( whichever is smaller ), should be considered obese<sup>9</sup>.
- Individuals with BMI  $\geq$  85th percentile, but < 95th percentile for age and sex, should be considered overweight, and this term replaces “at risk of overweight.”<sup>9</sup>

### *Adult Obesity Prevalence*

In the United States, obesity prevalence doubled among adults between 1980 and 2004<sup>10,11</sup>. According to Centers for Disease Control ( CDC ) 2007 Behavioral Risk Factor Surveillance System ( BRFSS ) prevalence data, 63 percent of adult Americans are overweight or obese<sup>1</sup>. Analysis of the data by region in the United States reveals that the prevalence of obesity is higher in the South ( 27.3% ) and Midwest ( 26.5% ) and lower in the Northeast ( 24.4% ) and West ( 23.1% )<sup>12</sup>.

For Virginia, data from the same source reveals that 61.9 percent of adult Virginians are overweight or obese<sup>1</sup>. As illustrated in Table 1, Virginia obesity data is consistent with national data.

<b>Table 1:</b> BRFSS percentages of overweight and obesity <sup>1</sup>		
	Nationwide (States, DC, and Territories)	Virginia
Overweight (BMI 25.0-29.9)	36.7	36.6
Obese (BMI $\geq$ 30.0)	26.3	25.3

In addition to increasing rates of overweight and obesity, disparities continue to exist. Nationally, Non-Hispanic black and Mexican-American women continue to experience a higher prevalence of obesity than their Non-Hispanic white counterparts<sup>1</sup>. When analyzed by race and ethnicity, BRFSS data reveals that 37.3 percent of Black, Non-



Hispanic Virginians and 25.3 percent of Hispanic Virginians are considered obese<sup>1</sup>. When examining Virginia obesity trends by gender, data indicates 26 percent of adult males are considered obese and 24.5 percent of adult females are considered obese<sup>1</sup>. Data also reveals that in Virginia, 43.9 percent of males are considered overweight and 29.4 percent of adult females are considered overweight<sup>1</sup>. Table 2 depicts additional demographic obesity trends.

**Table 2:** Demographically, the following observations are made about adult Virginians<sup>1</sup>:

- ☐ The 10-year age group with the highest number and percentage of obese adults is the 35-44 year olds.
- ☐ The age groups with highest proportions of overweight adults are those 45 years and over.
- ☐ A comparable percentage of males and females are obese but males have a higher reported percentage of overweight than females.
- ☐ African-Americans (non-Hispanic) are nearly twice as likely as white non-Hispanics to be obese.
- ☐ Adults with a high-school education or less are more likely to be obese than those who have some education post high-school. The percentages of people in each group who are overweight are similar.
- ☐ Obesity and overweight percentages among different income level and marital status groups are similar.

The BRFSS data also indicates that more than 50 percent of American adults are not regularly active<sup>1</sup>. The percentage of adult Virginians who reported not participating in any physical activity within the past month is 21.6 compared the national average of 23 percent<sup>1</sup>. Virginia mirrors the national average when it comes to adults not getting enough physical activity; more than 50 percent of adult Virginians do not meet the recommended amount for moderate physical activity<sup>1</sup>.

### *Focusing on Children and Adolescents*

Obesity is associated with significant health problems in the pediatric age group and is an important early risk factor for much of adult morbidity and mortality<sup>13,14</sup>. Results from the 1999-2002 National Health and Nutrition Examination Survey ( NHANES ), using

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measured heights and weights, indicate that an estimated 16 percent of the nation ' s children and adolescents ages 6-19 are overweight<sup>15</sup>. This represents a 45 percent increase from the overweight estimates of 11 percent obtained from NHANES III ( 1988-94 )<sup>15</sup>.

In Virginia, highlights from the 2003 survey of 4<sup>th</sup> grade students indicate that 28 percent of participants were overweight and an additional 17 percent were found “at risk ” for being overweight<sup>16</sup>. According to data based on the November 2008 enrollment in the Virginia WIC program, 16 percent of children ages 2-5 who participate in the program are overweight and 12 percent are “at risk ” for overweight<sup>17</sup>.

The Annie E. Casey Foundation ' s analysis of the 2003 National Survey of Children ' s Health found that 30 percent of Virginia ' s 10 to 17 year olds were overweight or obese, just below the national average of 31 percent<sup>18</sup>. The study also showed that 54 percent of Virginia children do not exercise regularly compared to the national average of 51 percent<sup>18</sup>. Gender comparisons show 39 percent of Virginia ' s male children and teens are overweight or obese compared the national average of 35 percent<sup>18</sup>. For females, 22 percent of Virginia ' s female children and teens are overweight or obese compared the national average 26 percent<sup>18</sup>. Data indicated that one out of three children in Virginia are either overweight or at risk of becoming overweight<sup>18</sup>.

### *Recent Reports*

Virginia has the 23rd highest rate of adult obesity at 24.5 percent and the 25th highest rate of overweight youth ( ages 10-17 ) at 13.8 percent in the nation, according to a recent report by Trust for America's Health ( TFAH )<sup>19</sup>. In 2006, Virginia received a C in both efforts to control obesity and control childhood overweight prevalence from the University of Baltimore Obesity Report Card<sup>20</sup>.

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### *Economic Burden*

Health problems associated with obesity burden the healthcare industry and the workplace. Obesity is a well-established risk factor for many major chronic diseases such as coronary heart disease, hypertension, type 2 diabetes, cerebrovascular disease and osteoarthritis, and is an associated risk factor for certain types of cancer<sup>21</sup>. Obesity is the second-leading cause of preventable death in the United States and currently the costs associated with obesity exceed those of tobacco use<sup>22,23,24</sup>.

Virginia's estimated percentage of total medical expenses as a direct result of obesity were 5.7 percent, totaling \$1.64 billion<sup>25</sup>. Obesity accounted for an average of 6.7 percent of Medicare costs, totaling \$320 million, and 13.1 percent of Medicaid costs, totaling \$374 million<sup>25</sup>. These measures included only direct medical costs for Medicare and Medicaid, not indirect costs from absenteeism and decreased productivity<sup>25</sup>. Table 3 illustrates the Virginia data and total data for U.S. adults.

**Table 3:** Estimated adult obesity-attributable percentages and medical expenditures by state (BRFSS 1998-2000)<sup>25</sup>

	Estimated percentage of total adult medical expenses attributed to obesity (%)	Estimated cost of total adult medical expenses attributed to obesity (Millions \$)	Estimated percentage of Medicare expenses attributable to obesity (%)	Estimated cost of Medicare expenses attributed to obesity (Millions \$)	Estimated percentage of Medicaid expenses attributable to obesity (%)	Estimated cost of Medicare expenses attributed to obesity (Millions \$)
Virginia	5.7	1641	6.7	320	13.1	374
Total	5.7	75,051	6.8	17701	10.6	21,329

Alleviating the economic impact of obesity will require long-term management with an emphasis on prevention. There is much work to be done to significantly improve health and the associated healthcare costs in Virginia. Many of the health risks associated with obesity can be prevented through community actions to increase physical activity, enhance overall nutrition, and improve prevention and treatment of obesity.

## **The CHAMPION Process**

In response to the increasing obesity rates, in 2004, the VDH 's DWCNS launched an innovative initiative to develop an obesity prevention plan entitled CHAMPION. CHAMPION is a unique strategy focused on encouraging individual and community empowerment and ownership around overweight and obesity prevention.

The CHAMPION process was designed utilizing a collaborative process intent to obtain maximum public input. Traditionally, governmental agencies embark on top-down planning which typically involves identification of goals, objectives, and solution strategies at the highest levels of management. CHAMPION 's bottom-up design concentrates on encouraging individual empowerment and ownership by having communities identify overweight and obesity problems and solutions. Table 4 summarizes the key differences in the top-down and bottom up development strategies.

**Table 4:** Key Differences: Top-down versus Bottom-up Plan Development

Characteristic	Top-down	Bottom-up
Root/metaphor	Individual responsibility	Empowerment
Approach/orientation	Weakness/deficit Solve problem	Strength/capacity Improve competence
Definition of problem	By outside agent such as government body	By community
Primary vehicle for health promotion and change	Education, improved services, lifestyle	Building community control, resources and capacities toward economic, social and political change
Role of outside agents	Service delivery and resource allocation	Respond to needs of the community
Primary decision makers	Agency representatives, business leaders,	Indigenous appointed leaders
Community control of resources	Low	High
Community ownership	Low	High
Evaluation	Specific risk factors Quantifiable outcomes and 'targets'	Pluralistic methods documenting changes of importance to the community

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## Regional Meeting Summary

The CHAMPION strategy was designed to collect information from public, private, and community partners. DWCNS held a series of six regional and three issue specific meetings. In an effort to have representation from individuals throughout Virginia, meetings were held in the Southwest, Roanoke, Blue Ridge, Central, Northern, and Hampton Roads regions. Issue-specific meetings targeted public assistance, healthcare, and minority health concerns.

The objectives within the regional meetings were to gain clarity as to the scope of the obesity problem; identify issues regarding obesity prevention, treatment, and control in each region; receive recommendations for state and local programs regarding nutrition and physical activity concepts, policies, and legislative actions; and collect information about existing programs and community resources regarding nutrition and physical activity.

Over 900 people from more than 100 different public and private organizations participated in the CHAMPION regional meetings. Participants included professionals from education, public health, public employers, private employers, health and human services, medical schools, aging, minority health, advocacy, early childhood, community colleges, universities, health care, insurance companies and non-profit groups. The regional meetings resulted in the community identifying issue and solution themes that were perceived to be contributors to the obesity and overweight problem.

At the regional meetings, participants divided into workgroups based on their familiarity with specific age groups. The workgroups were divided into the following age groups: pregnant/infant, preschool, school age, adolescent, young adult, adult and senior. In the workgroups, participants identified issues related to inactivity and poor nutrition that they felt contributed to obesity in their region for a specific age group. The focus of the workgroups was to answer the following questions for both nutrition and physical inactivity:

1. What do you think is contributing to a high/rising obesity rate among persons of this age group in your region?
  2. Of the items that have been listed, which are the three issues that have contributed the greatest to the high/rising obesity rate for persons of this age group in your region?
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After the issues were identified, participants ranked the top three issues they felt were the most significant contributors to obesity in their region. Using this list, participants identified solutions for the issues; and ranked the top three solutions. A list that contained recommendations for each age group, the workgroup 's top three issues and solutions for both nutrition and physical inactivity was compiled and distributed. From that list, participants voted on the top five recommendations across age groups for their region.

The Public Assistance group was the first special interest meeting and used a three tiered process methodology. The participants identified and then ranked factors that they felt contributed to obesity for people on public assistance. The barriers to overcoming the contributing factors were identified and ranked as well. The participants then identified and ranked solutions to the named barriers.

The Healthcare meeting was held to garner the perspective of professionals working in the healthcare industry in response to regionally identified healthcare solutions. At the meeting, participants were given a planning template, and subgroups were asked to choose a solution previously identified at the regional meetings and expand on it using the template. Using the planning template was an exercise to examine the feasibility of some of the proposed solutions.

DWCNS was concerned about the minimal participation at the regional meetings from minority groups and added a meeting solely for the purpose of assuring inclusion of minority health issues. At the Minority Health meeting, minority specific obesity statistics were presented. Each minority group was led by a person of the same ethnicity. The minority group categories were: African American/Black, American Indian, Hispanic/Latino, Middle Eastern and Whites Working with Minorities. The smaller number of participants at this meeting allowed the process to be less structured and supported discussion of nutrition and physical activity issues and solutions simultaneously.

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Because of both the volume and diversity of input from the nine meetings, DWCNS chose to convene a seven member expert panel consisting of professionals in the field of data analysis, program evaluation, methodology development and public policy ( Acknowledgements, CHAMPION Expert Panel ). The expert panelists recommended steps to overcome challenges and utilize the information gathered from the CHAMPION regional meetings in the creation of a strategic plan to address obesity in Virginia. The panel recommended using the following three-phase approach:

1. Publish a report documenting the results from the meetings prior to the development of the state plan/blueprint. In addition, they recommended that the state not attempt to evaluate the meeting data to set state priorities, but rather that the information be analyzed by themes which would be included in the report.
2. Research themes to see if they are supported by published evidence based research.
3. Develop a state plan in response to both the report and the research.

Based on these recommendations, DWCNS staff reviewed data from the following categories: solutions by region and by age group, and issues by age group. Recurring issues and solutions from the CHAMPION regional meetings were entered into a matrix, thus enabling common age group themes for each region to be identified. The data was compiled into the following four categories: statewide solution themes, region specific solution themes, age specific issue themes, and age specific solution themes.

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While themes varied somewhat between regional groups and age groups, the following statewide solution themes were identified:

1. Nutrition education and physical activity,
2. Community involvement,
3. Media intervention, and
4. Public policy.

In order to meet commitments made to regional partners, a report for each region was compiled. Using the regional reports and previous research, a state summary of the regional reports was then completed<sup>2</sup>. The recommendations of the expert panel were summarized and the resulting themes were published in the CHAMPION Report which was released in October 2006 by Governor Kaine<sup>2</sup>. The report can be accessed at <http://www.vahealth.org/WIC/Champion/championplan.htm> .

Immediately following release of the CHAMPION Report, the DWCNS Obesity Prevention Team began the research to identify programs/processes which were consistent with both the themes and specific solutions identified in the report. DWCNS set additional criteria beyond consistency with themes identified in the report. Table 5 highlights the criteria used to evaluate potential programs for inclusion in the CHAMPION Obesity Prevention Plan.



**Table 5:** Criteria for Evaluation of Programs for CHAMPION Plan

Criteria	Description
Evidence/scientifically based programs	Programs/processes must have support from journal articles or links to scientific studies based on an evaluation of the program's approach.
Evaluated	An outside source has performed a scholarly or formal evaluation of the impact of the program/process.
Low Cost	Funds required to implement the program/process are within the limits of seed money expected to be available. Specifically, an effort was made to identify programs/processes that communities can implement and sustain with limited funding.
Transferable	Capacity to be used in different areas of the state or among different populations while the general focus remains intact.
Train the Trainer	Allows for the exponential increase of communities equipped to implement the program/process.
Ease of Implementation	Implementation without expending more time, money, resources and manpower than should be reasonably expected and which can be done in minimal time.
Cultural Diversity	Efforts to consider all relevant religions, races, creeds and genders in materials and promotional activities.
Data Collected	Implementation and impact data are available for comparison

DWCNS has completed the first two steps recommended by the expert panel; publishing a report documenting the results from the meetings prior to the development of the state plan/blueprint and researching solution themes to validate that they are supported by published, evidence based research. The publication of this document, the CHAMPION Obesity Prevention Plan fulfills the third and final recommendation of the expert panel to develop a state plan in response to both the CHAMPION Report and the research conducted.

### Description of the Themes

By evaluating feedback from participants during the CHAMPION regional meetings, four statewide themes have been identified. The themes highlight specific issues and solutions that can be addressed by a statewide obesity prevention plan. While regional

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themes vary, these four themes have resonated as important to Virginians throughout the Commonwealth.

### *Nutrition Education and Physical Activity*

Feedback from Virginians yielded many nutrition and physical activity-related contributing factors to the overweight and obesity problems in their communities. Participants in the CHAMPION regional meetings identified specific issues and solutions regarding adequate nutrition and physical activity.

Commonly identified age specific issue themes regarding nutrition were poverty, lack of nutrition knowledge and the low cost of convenience foods versus the cost of healthier foods. Commonly identified age specific issue themes regarding physical inactivity were the lack of time parents have, too much time spent watching television, family lifestyles, and the lack of physical education available in schools.

Commonly identified age specific solution themes regarding nutrition were to utilize the breadth of media influence to convey the positive message of nutrition through the use of media campaigns, market healthier foods and increase the number of messages about healthy foods. Some commonly identified age specific solution themes regarding physical inactivity were to educate parents on the importance of physical activity, have media campaigns that focus on the importance of physical activity and offer community sponsored activities.

The nutrition education and physical activity programs included in the CHAMPION Obesity Prevention Plan provide Virginians, their families, and community members with the knowledge and skills to make informed choices about healthful diets, to reduce risks of obesity and overweight, and to find ways to increase daily physical activity.

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### *Community Involvement*

CHAMPION research participants identified community involvement as a solution for obesity in their communities. This was further defined as a need for necessary tools to develop and sustain groups, coalitions, and partnerships in order to affect changes within their communities to address obesity. The community involvement toolkits found in the CHAMPION Obesity Prevention Plan specifically address creating partnerships and developing community coalitions focused on obesity prevention and control.

### *Media Intervention*

Each region throughout the state named media as a key intervention strategy to address Virginia 's overweight and obesity issues. Regions identified media interventions with two facets: approaches to reducing screen time and media strategies that promote good nutrition, increased physical activity, and reduction in obesity.

CHAMPION regional meeting participants provided solutions for increasing physical activity and improving calorie balance that involved reducing screen time (i.e. time spent sitting in front of a computer, video game, or television screen) . Media intervention solutions provided in the CHAMPION Obesity Prevention Plan require training and technical assistance in developing and implementing a community-level media campaign and tools to decrease screen time and increase physical activity in Virginia communities.

### *Public Policy*

Solutions expressed by participants of the regional meetings included in the theme area of policy were relative to local groups/coalitions building momentum and promoting public policies that would address obesity prevention. Advocating for policy

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and environmental changes on the federal, state, and local levels are equally important. Whether advocacy involves a member of Congress, the Virginia General Assembly, a local City or Town Council, or Board of Supervisors, the goal is to impact positive change. Examples included the need for parks, walking trails, bike trails, community gardens and use of school facilities for community health programs.

### **Commissioner's Work Group on Obesity Prevention and Control**

Obesity prevention in Virginia cannot be achieved without the partnership and collaboration of many individuals, groups, and organizations at the state and local level. The purpose of the Commissioner 's Work Group on Obesity Prevention and Control is to convene a multidisciplinary group to provide leadership and structure in obesity prevention efforts in the Commonwealth ( Acknowledgements, Commissioner 's Workgroup on Obesity Prevention and Control ). The initial goal of the Commissioner 's Work Group on Obesity Prevention and Control was to provide guidance for the finalization of the CHAMPION Obesity Prevention Plan. Guidance from the work group endorsed the initiative by officially facilitating efforts towards producing the final CHAMPION Obesity Prevention Plan. The decisions made by the Commissioner 's Work Group on Obesity Prevention and Control have included:

1. Implementing the CHAMPION Obesity Prevention Plan through use of the Age Approach.
2. Prioritizing CHAMPION Recommended Programs for each age group.
3. Selecting the order of Regional Reengagement.

The Commissioner 's Work Group on Obesity Prevention and Control continues to provide guidance and direction for the CHAMPION Program and future obesity initiatives in Virginia.

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## **Implementation of the CHAMPION Obesity Prevention Plan**

### **Dissemination of the Plan**

Dissemination of the CHAMPION Obesity Prevention Plan will include the release of the Plan by VDH with a simultaneous web-based release and additional promotion of the Plan through the Regional Reengagement Conferences. The CHAMPION Plan can be accessed through <http://www.vahealth.org/WIC/Champion/championplan.htm>.

The CHAMPION Obesity Prevention Plan will be highly visible to citizens in the Commonwealth with the endorsement and support of Governor Kaine. The release of the CHAMPION Obesity Prevention Plan will facilitate efforts and build momentum around obesity prevention and control while fostering enthusiasm at the community level by empowering citizens of the Commonwealth to take action. Governor Kaine's support of the CHAMPION Obesity Prevention Plan provides consistency and a natural progression to his previous support of the CHAMPION Report in 2006.

The concurrent web-based release of the CHAMPION Obesity Prevention Plan will allow Virginians to access the Plan via a centralized website. Future plans include updates to the CHAMPION website to support the expansion of the CHAMPION Obesity Prevention Program. The website's links to evidence-based programs will be enhanced, a data collection database for communities to input data on program implementation, evaluation and outcomes will be added, and links to tools, resources and other agency programs that address nutrition, physical activity and overweight or obesity prevention will be routinely updated. Additionally, links to the CHAMPION website will be placed on various partner's websites to promote the release of the CHAMPION Obesity Prevention Plan.

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## **Regional Reengagement Process**

The Regional Reengagement Conferences will provide opportunities to reconnect with community partners that participated in the initial regional meetings. The process of reengaging community partners will build the momentum and awareness necessary to assure communities will implement the CHAMPION Obesity Prevention Plan and provide a forum to aid communities in identifying opportunities for funding.

Regional Reengagement Conferences will occur in the same six regions that participated in the initial CHAMPION regional meetings. The Commissioner's Work Group on Obesity Prevention and Control provided guidance into the order of Regional Reengagement. Based on a review of available data, the Work Group selected the Southwest and Hampton Roads regions as the first two regions for reengagement.

During the Regional Reengagement Conferences, DWCNS will report to communities on how their community-specific recommendations from the initial regional meetings have guided the CHAMPION process. The Regional Reengagement Conferences will provide an opportunity to market and present detailed information about the selected programs and processes that are recommended for community implementation.

Along with promotion of selected CHAMPION Programs, the Regional Reengagement Conferences will present the Plan as a reference for communities to use while identifying and applying for funding to initiate local obesity prevention efforts.

At the conclusion of the Regional Reengagement Conference, participants will be charged with sharing the information that they have received and promoting obesity prevention within their communities. Participants will be fully equipped with a knowledge base of potential programs, a clear understanding of the process by which they can apply for funding to support one of the programs or processes presented, and information on Virginia-specific solutions to seek additional funding sources.

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### *Funding Sources for Local Communities*

The CHAMPION Obesity Prevention Plan is an aggressive coordinated strategic plan to address obesity in Virginia which is consistent with and responsive to the information collected from communities across Virginia. The intent is for the CHAMPION Obesity Prevention Plan to be used as a tool for community groups by providing recommended, evidence-based programs that are relatively inexpensive to implement thus providing strategies for groups to move forward in addressing obesity in their communities with little funding.

One purpose of the Regional Reengagement Conferences is to demonstrate to community partners various ways in which they can utilize the CHAMPION Obesity Prevention Plan to apply for local, state, and federal grants to support obesity prevention in their community. With this resource, communities can apply for various other grants and funding to support obesity prevention efforts. Communities can also use the CHAMPION Obesity Prevention Plan as a resource for local fundraising to implement programs recommended in the Plan.

In addition to other grants and local fundraising, DWCNS will continue to apply for funding for mini-grants to allocate to communities for implementing programs. Following the Regional Reengagement Conferences, if money is available, DWCNS will fund community grants within the region. CHAMPION Implementation Mini-Grants will be distributed to fund proposals submitted by community organizations in accordance with CHAMPION Program goals and priorities. To receive grant funding, communities must choose a program from the CHAMPION Recommended Program List and complete the CHAMPION Implementation Mini-Grant Request for Proposals ( RFP ). The purpose of the Request for Proposals ( RFP ) is to establish contracts with multiple contractors for the implementation of pre-selected, obesity-focused programs recommended in the CHAMPION Obesity Prevention Plan. The targeted

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populations for the initial RFP will be high risk communities identified with increased numbers of health disparities. Proposals should be as thorough and detailed as possible, so that the DWCNS may properly evaluate the community's capabilities to provide the required services to address nutrition, physical activity, and obesity related objectives.

Recipients of CHAMPION Implementation Grants will be required to enter into a 12-month contract with VDH. Responsibilities of VDH within the contract period may include: provision of adequate training necessary to implement the selected program, provision of technical support as appropriate, and allocation of funds as apportioned. Responsibilities of grant recipients throughout the contract period may include: reporting program evaluation results in a timely manner, utilizing grant money as the application indicates, and timely communication with grant administrators if issues arise.

### *Data Collection*

Each program included in the CHAMPION Obesity Prevention Plan includes an evaluation component. Community groups participating in CHAMPION will be required to submit both detail and summary data. Data elements within each program evaluation may consist of items including participant's height, weight, and calculated body mass index (BMI). Additionally, data pertaining to pre-test/post-test assessments such as increased knowledge of nutritious food choices as well as observations or surveys of behavior change such as increased physical activity minutes per day may be included in the data collection. Currently, only limited data is available at a community level on obesity and obesity-related risk factors.

Because each program included in the CHAMPION Obesity Prevention Plan has been evaluated and in most cases is evidence-based, the effectiveness of the program may

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be dependent on the program 's administration, implementation, and evaluation. Therefore, community groups receiving funds through CHAMPION Implementation Awards must follow the selected program 's protocol and evaluation exactly as described by each program. Likewise, the number of potential participants (target ) described by each applicant in the Work Plan must be valid for data collection and subsequent program analysis.

In addition, recipients of CHAMPION Implementation Grants are required to report data and program evaluation results to DWCNS as defined in the CHAMPION Obesity Prevention Plan. Specific program evaluation tools are required for each program; in addition, supplementary data may also be collected. The specific program evaluation tools will be provided for each program.

Program evaluation methods are used to assess programs and strategies operating in communities. The key purpose of evaluation is to generate feedback that can be used for program improvement. The data collected will be used to further evaluate programs and compare the Virginia performance with the initially evaluated program implementations. These data will also be used to determine the feasibility and utility of selected programs, guide future program recommendations, and be incorporated into the CHAMPION Obesity Prevention Plan evaluation. Data from the participating communities will be used to determine what programs are effective in Virginia 's communities, the program 's success in being implemented in diverse communities, and whether programs will receive continued support as a CHAMPION recommendation.

As programs and processes are implemented, DWCNS will have the opportunity to test a web-based data collection tool developed for this purpose. Recipients will be required to provide data through the web-based data collection system for program implementation, evaluation and outcomes.

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## **Training and Technical Assistance**

The Obesity Prevention Team is responsible for providing leadership, training, and technical assistance around implementation and evaluation of CHAMPION programs/ processes to communities. The team has actively participated in researching and recommending each of the programs within the plan. The Obesity Prevention Team will obtain training directly from sponsor programs on the interventions selected. This will ensure the team ' s ability to provide accurate guidance on implementation and continuing technical assistance.

Training and technical assistance will be provided to communities participating in CHAMPION. Programs and processes supported will focus on annual priorities; building coalitions, collaborations and partnerships; identifying and utilizing media resources; developing media campaigns; mobilizing communities to achieve policy and environmental changes; and nutrition and physical activity interventions.

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## **Theme 1: Nutrition Education and Physical Activity**

During the CHAMPION regional meetings, Virginians provided feedback on the contributing factors to the obesity problem in their community and identified issues regarding obesity prevention, treatment, and control in each region.

Poor diet and physical inactivity are the two most important factors contributing to overweight and obesity. Reaching a healthy weight is a balancing act between the food and beverages consumed and activity throughout the day. Weight management is dependant on the equation of calorie balance. Calorie balance can be compared to a scale; to keep the scale balanced, the calorie intake from foods and beverages must be balanced by the calorie output from normal body functions and physical activity.



### **Virginians Identify Regional Barriers and Solutions**

In Virginia and the nation, obesity is epidemic. The epidemic is driven by changes in the physical, social, and economic environment that make it easy and more convenient to exceed calorie needs and consume more calories than needed while making it harder to get adequate physical activity to burn those extra calories.

Many barriers make it difficult for Virginians to change their lifestyles and achieve balance between the foods they eat and their daily physical activity. Listed below in Table 6 are the common barriers to Nutrition and Physical Activity identified by Virginians during the CHAMPION regional meetings.

Table 6: Virginia identified barriers to nutrition and physical activity.

Barriers for Nutrition	Barriers for Physical Activity
<input type="checkbox"/> Poverty <input type="checkbox"/> Lack of nutrition knowledge on the part of people <input type="checkbox"/> Low cost of convenience foods versus the cost of healthier foods	<input type="checkbox"/> Lack of time on the part of parents <input type="checkbox"/> Too much time spent watching television <input type="checkbox"/> Family lifestyles <input type="checkbox"/> Lack of physical education in schools

During the CHAMPION regional meetings, Virginians provided region specific solutions to many of the nutrition and physical activity-related problems in their communities.

Table 7: Regional solutions to nutrition and physical activity-related issues:

Southwest Region

Food label and grocery shopping education

Education on ways to cook meals in a short amount of time

Promotion of environmental issues (e.g. safety of the outdoor environment, light on trails)

Roanoke

Grocery store shopping demonstrations

Cooking classes

Nutrition education- demonstrate the cost ratio of fast food versus healthy food

Nutrition as a component to Standards of Learning in schools

Parental education on the benefits of age-appropriate physical activities

Public policy changes to require daily physical activity in schools

Blue Ridge

Separation of physical education and health class so that schools can hire teachers for each class

Parental education on the effects of physical activity on health

Employee wellness programs partnering with businesses that encourage exercise

Central

Use birth preparedness classes to begin health education

Northern Virginia

Nutrition education

Education on food variety and portion sizes

Hampton

Nutrition education; public policy change, and healthcare provider involvement

## Nutrition and Physical Activity National Guidelines

Along with regular exercise, being committed to a healthy diet is an important factor that contributes positively to overall health. For example, reducing dietary fat can lower the risk for certain cancers and heart disease. Meeting nutrient recommendations and consuming the appropriate number of calories offer important benefits including:

- Normal growth and development of children,
- Health promotion for people of all ages, and
- Reduction of risk for a number of chronic diseases that are major public health problems.<sup>1</sup>

The Dietary Guidelines for Americans provide authoritative advice for people two years and older about how good dietary habits can promote health and reduce risk for major chronic diseases<sup>26</sup>. *MyPyramid.gov* and Nutrition Labeling are tools consumers can use to help meet the Dietary Guidelines recommendations<sup>26</sup>. The Dietary Guidelines are a foundation of *MyPyramid.gov*, which presents the science in a consumer-friendly format that helps people to be healthier by applying the science to their own lives. Utilizing tools such as the Dietary Guidelines for Americans, *MyPyramid.gov*, and Nutrition Labels can help individuals monitor daily nutrient and calorie intake.

### **National Nutrition Recommendations**

Dietary Guidelines

[www.healthierus.gov/dietaryguidelines](http://www.healthierus.gov/dietaryguidelines)

MyPyramid

[www.mypyramid.gov](http://www.mypyramid.gov)

Nutrition Labeling

<http://www.cfsan.fda.gov/~dms/foodlab.html>

Physical activity and nutrition work together for better health.

Physical activity is any bodily movement that results in the expenditure of energy.<sup>27</sup> According to the 2008 Physical Activity Guidelines for Americans, substantial health benefits are gained by doing physical activity<sup>27</sup>. Regular physical activity may help reduce the risk of many diseases including cardiovascular disease, type 2 diabetes, colon and breast cancers, and osteoporosis.<sup>27</sup>

### **Physical Activity Recommendations**

2008 Physical Activity Guidelines

<http://www.health.gov/paguidelines.aspx>

Physical activity, fitness, and exercise are critically important for the health and well being of people of all ages. Research has demonstrated that virtually all individuals can benefit from regular physical activity, whether they participate in vigorous exercise or some type of moderate health-enhancing physical activity.

### *Promising Approaches for Preventing Obesity*

CHAMPION in combination with additional Virginia obesity prevention initiatives work to combat obesity by promoting various proven strategies. Promising practices for improving nutrition include promotion of breastfeeding, decreasing consumption of sugar-sweetened beverages, and increasing intake of fruits and vegetables.

- Breastfeeding offers many benefits beginning at birth and continuing throughout the lifespan and is associated with a reduced risk of obesity in children.
- Replacing foods of high energy density, high amount of calories per weight of food, with those of lower energy density such as fruits and vegetables can be an important part of a weight management strategy.
- Additionally, decreased consumption of sugar-sweetened beverages appears to be associated with lower body mass index or weight.

Promising approaches to increase physical activity include community interventions and reduction in screen time.

- Community approaches proven to improve physical activity include: Community wide campaigns; Point-of-decision prompts such as signs placed by elevators and escalators that encourage people to use nearby stairs; Physical education in schools; Non-family social support interventions; Individually adapted health behavior change programs; Creating or improving access to places for physical activity combined with informational



outreach; Changing street-scale or community-scale urban design; and land use policy and practice.

- In addition to community interventions, reduction in screen time has been shown as an effective strategy for helping to control weight.

### **Governor's Nutrition and Physical Activity Scorecard**

The Governor's Nutrition and Physical Activity Award Program promotes health and wellness in Virginia's public schools by encouraging good nutrition and increased physical activity.

Schools earn either a bronze, silver, or gold award for best practices that promote healthy lifestyles while combating childhood obesity, hypertension, and other preventable diseases. This interactive

For more information on the Governor's Nutrition and Physical Activity scorecard, visit

<http://www.virginia.gov/doe/login.html>

scorecard allows schools to measure their progress and receive recognition for their success in meeting the goals of the Governor's Healthy Virginians initiative. Points are awarded according to their implementation of best practices, including but not limited to:

- Providing a minimum of 30 minutes daily recess that promotes physical activity;
- Encouraging middle and high school students to design their own individualized exercise plans;
- Creating school- and community-based Fitness or Nutrition Nights;
- Allowing only foods which meet minimum nutritional standards to be provided or sold during the school day; and
- Selling only 100% fruit juice, water, or low-fat milk.

## **Nutrition Education and Physical Activity Recommended Programs**

Nutrition Education and Physical Activity Programs included in the CHAMPION Obesity Prevention Plan include topics such as the importance of eating a healthy diet, reducing screen time, ways to incorporate physical activity in each day, nutrition for seniors, and how to prepare simple and nutritious meals for families.



The nutrition education and physical activity programs in the CHAMPION Obesity Prevention Plan provide resources such as: lesson plans, displays, newsletters, handouts and other activities designed for a variety of audiences. Each nutrition education and physical activity program can be offered in a wide variety of community settings and specifically address the statewide barriers to nutrition and physical activity identified by Virginians during the CHAMPION regional Meetings. In addition, the recommended nutrition education and physical activity programs can be used to meet national nutrition and physical activity guidelines and can be used by schools in conjunction with the Governor ' s Nutrition and Physical Activity Scorecard.



## **Theme 2: Community Involvement**

Feedback collected from Virginians during the CHAMPION regional meetings has indicated a strong desire for increased obesity-focused community mobilization throughout the Commonwealth. This was further defined as a need for necessary tools to develop and sustain groups, coalitions and partnerships in order to affect environmental policy changes within their communities. Community groups such as faith based organizations, parents, worksites, schools, and local organizations were highlighted as target areas for obesity-focused solutions.

Table 8: Region-specific community-based solutions:

### Southwest Region

Promotion of environmental issues (e.g. safety of the outdoor environment, light on trails)

Faith based nonprofit and community program involvement supporting childcare and after school activities

Health promotion programs- increase free or inexpensive community programs

### Roanoke

Community-based activities to develop and sustain groups focused on obesity prevention

Parental involvement in obesity-focused community activities

### Blue Ridge

Employee wellness programs partnering with businesses that encourage exercise

### Central

Community-based after school activity programs

### Hampton

Community Involvement

### Minority Health

Community Involvement

Community mobilization is a strategy that has helped communities across the country identify and address pressing health issues. Community mobilization engages all sectors of the population in a community-wide effort to address a health, social, or environmental issue<sup>28</sup>. It brings together policy makers and opinion leaders, local, state, and federal governments, professional groups, religious groups, businesses, and individual community members<sup>28</sup>. Community mobilization empowers individuals and groups to take action to facilitate change and helps people improve their health and living conditions and strengthens and enhances the ability of the community to work

### **Building Coalitions and Partnerships**

The importance of developing and sustaining groups, coalitions, and partnerships is vital to Virginia communities being successful in promoting changes within individuals and among community groups. To combat overweight and obesity issues, an ideal collaboration, coalition, or partnership is one that unites people and groups dedicated to promoting laws and community behaviors that support healthy eating and active living<sup>29</sup>.



#### *What are effective partnerships?*

Effective partnerships within Virginia communities can improve services and use of resources. Partnerships are important catalysts for coordination of obesity prevention and control efforts. One of the most powerful aspects of partnerships in obesity prevention efforts is the potential to make the most of existing community resources and to extend the reach of important information into the community<sup>29</sup>.

Community partners can:

- Advocate for the goals and objectives of the group or organization in the community and recruit other partners;
- Contribute particular skills and talents; and
- Help monitor progress and achieve objectives.

Examples of traditional community partners are neighborhoods, schools, hospitals and government agencies. Non-traditional partners consist of other community organizations such as private hospitals, retail stores, faith-based organizations and other religious groups, YMCAs, health clubs, minority organizations, and private businesses with an interest in health or community issues.

### *What are Community Coalitions?*

Community coalitions help to develop, improve, and sustain program initiatives at the local level<sup>30</sup>. One of the greatest strengths is that coalitions can provide common ground for decision making and collective action for stakeholders who share a common problem but have distinctive perspectives<sup>28</sup>. Coalitions are useful for accomplishing a broad range of goals that reach beyond the capacity of any individual member organization<sup>28</sup>. These goals range from information-sharing to coordination of services and from community education to advocacy for major environmental or policy changes<sup>28</sup>.

Successful coalitions set goals that are achievable and prove their effectiveness to themselves and their communities through concrete results<sup>29</sup>. Many effective coalitions are built around a core of committed individuals. Coalition members must be willing to work, express themselves openly, and serve as catalysts to improve community conditions. Many individuals in effective coalitions come from and

represent community organizations. These community organizations can include but are not limited to religious institutions, businesses, schools, social service programs, hospitals, clinics, community groups, and labor unions.

### *Recommended Toolkits*

The community involvement toolkits found in the CHAMPION Obesity Prevention Plan Resource Guide specifically address creating partnerships and developing community coalitions focused on obesity prevention and control. For many communities, identifying existing local partnerships and coalitions, may be the first step coordinating obesity prevention and control efforts. For other localities, initial efforts may involve forming a coalition with the purpose of obesity prevention. The community involvement toolkits provide direction for existing coalitions as well as guidelines for forming a coalition.

### **Virginia Coalitions Highlighted**

Listed are state and local community groups and coalitions in Virginia making strides towards improving the health and well-being of Virginians and their communities.

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Name	Mission	Website
ACCT: Alliance for Community Choice in Transportation	The Alliance for Community Choice in Transportation has endeavored to draw together a network of citizens and groups dedicated to promoting balanced transportation options, sustainable land use, and transit-oriented development in the greater Charlottesville area.	<a href="http://www.transportationchoice.org/">http:// www.transportationchoice.org/</a>
BikeWalk Virginia, Virginia Trails	The mission of BikeWalk Virginia is to educate its members, the general public, local organizations, and state and local officials about health and environmental benefits of biking and walking; safe biking and walking behavior; benefits of facility design for biking and walking; importance of preserving and expanding trails, and greenways and waterways to enhance the quality of life for all Virginians.	<a href="http://www.bikewalkvirginia.org/index.asp">http:// www.bikewalkvirginia.org/ index.asp</a>
Charlottesville-Albemarle Childhood Obesity Task Force	The mission of the Childhood Obesity Task Force is to create a supportive community that fosters healthy weight and overall fitness for children and their families in Charlottesville, VA and surrounding counties.	<a href="http://www.childhoodobesitytaskforce.org/">http:// www.childhoodobesitytaskforce.org/</a>
Childhood Healthy Weight Coalition	The Healthy Weight Coalition is involved with addressing the problem of childhood overweight in Piedmont Health District.	<a href="http://www.vdh.state.va.us/LHD/Piedmont/community.htm">http:// www.vdh.state.va.us/LHD/ Piedmont/community.htm</a>
CINCH: Consortium for Infant and Child Health	CINCH is a community partnership to promote health and prevent disease among all living in Hampton Roads, Virginia. CINCH focuses on health issues and specific programming targeting: Asthma, Health Disparities, Health Insurance/ Uninsured, Immunizations, Injury Prevention, Obesity Prevention, and Special Health Care Needs.	<a href="http://cinchcoalition.blogspot.com/">http:// cinchcoalition.blogspot.com/</a>
COACH: Chesterfield Coalition for Active Children	The mission of COACH is to promote a healthy future for children and their families in Chesterfield County through education and awareness about the lifelong benefits of increased physical activity and good nutrition. COACH also brings awareness about the long-term health risks associated with being overweight or obese.	<a href="http://www.co.chesterfield.va.us/COACH/default.asp">http:// www.co.chesterfield.va.us/ /COACH/default.asp</a>
Healthy Hamptonians	This newly formed coalition plans to develop an action plan to increase opportunities for participation in nutrition and physical activity programs outside the school day schedule.	
Northern Virginia Healthy Kids Coalition	The mission of the Northern Virginia Healthy Kids Coalition is to engage the entire Northern Virginia community in collaborative, family-focused efforts to promote better health through energy balance for children.	<a href="http://www.tippingthescales.net">http:// www.tippingthescales.net</a>
Virginia Action for Healthy Kids	The mission of Action for Healthy Kids, an organization to address the epidemic of overweight, undernourished and sedentary youth, is to engage diverse organizations, leaders, and volunteers in actions that foster sound nutrition and physical activity in children, youth, and schools.	<a href="http://www.actionforhealthykids.org/index.php">http:// www.actionforhealthykids.org/index.php</a>

Name	Mission	Website
V4A: Virginia Association of Area Agencies on Aging	V4A's primary mission is to build the capacity of its members to help older persons to live with dignity and choices in their homes and communities for as long as possible, and to enhance elder rights.	<a href="http://www.vaaaa.org/">http://www.vaaaa.org/</a>
VAHPERD: Virginia Association of Health, Physical Education, Recreation, and Dance	VAHPERD is a professional association of educators that advocate quality programs in health, physical education, recreation, dance and sport. The association seeks to facilitate the professional growth and educational practices and legislation that will impact the profession.	<a href="http://www.vahperd.org/index.htm">http://www.vahperd.org/index.htm</a>
VACAP: Virginia Community Action Partnership	Virginia Community Action Partnership (VACAP) is the statewide membership association for Virginia's thirty non-profit private and public community action agencies. VACAP works on a common vision to fight poverty and build self-sufficiency, for strong families and communities throughout the Commonwealth of Virginia.	<a href="http://www.vacap.org/">http://www.vacap.org/</a>
VCCH: Virginia Coalition for Children's Health	To be a resource to community-based organizations as they help the families of eligible children and pregnant women enroll in and benefit from Virginia's state-sponsored health insurance programs for children and pregnant women.	<a href="http://www.signupnowva.org/home.asp">http://www.signupnowva.org/home.asp</a>
VCHC: Virginia Center for Healthy Communities	The mission of VCHC is to support public/private partnerships that improve the health of local communities by conducting research on community health, sharing information with organizations and individuals interested in community health, and providing technical assistance for local community health improvement projects.	<a href="http://www.vahealthycommunities.com/">http://www.vahealthycommunities.com/</a>
VCHA: Virginia Community Healthcare Association	The Association's mission is to ensure that all Virginians, regardless of geographic location or income, have access to appropriate and affordable primary health care.	<a href="http://www.vpca.com/index.cfm">http://www.vpca.com/index.cfm</a>
Virginia Capital Trail Foundations	The Virginia Capital Trail Foundation is the principal advocate for the Trail project and works with the Virginia Department of Transportation and other private and public stakeholders to fulfill a world-class vision of the Trail.	<a href="http://www.virginiacapitaltrail.org/index.html">http://www.virginiacapitaltrail.org/index.html</a>

Name	Mission	Website
Virginia Heart Disease and Stroke Alliance	The mission of the Virginia Heart Disease and Stroke Alliance is to provide a forum for communication and collaboration among cardiovascular disease (CVD) stakeholders with the intent to reduce the burden of CVD in Virginia.	<a href="http://www.vahealth.org/cdpc/cvh/documents/Docs2007/VA%20Healthy%20Pathways%20Coalition%20Brochure%2004-06.pdf">http://www.vahealth.org/cdpc/cvh/documents/Docs2007/VA%20Healthy%20Pathways%20Coalition%20Brochure%2004-06.pdf</a>
VRHA: Virginia Rural Health Association	Through cooperation and collaboration of its diverse members, VRHA will improve the health of people in rural Virginia. This mission is achieved by: serving as an advocate for rural health development at the local, state, and federal levels; fostering cooperative partnerships to improve rural health in Virginia; supporting the work of other interest groups in their efforts to improve rural health in Virginia.	<a href="http://www.vrha.org/">http://www.vrha.org/</a>
Voices for Virginia's Children	Voices for Virginia's Children is a statewide advocacy organization that builds support for practical public policies to improve the lives of children. Voices' vision is that all children of Virginia will thrive and grow to their fullest potential.	<a href="http://www.vakids.org/index.html">http://www.vakids.org/index.html</a>
WHV: Women's Health Virginia	The mission of Women's Health Virginia, a women's health initiative for Virginia, is to promote and improve Virginia women and girls' health and well-being through education, research, and information.	<a href="http://www.womenshealthvirginia.org/index.html">http://www.womenshealthvirginia.org/index.html</a>

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### **Theme 3: Media Intervention**

#### **Virginians Identify the Impact of Media**

During the CHAMPION regional meetings, each region in the Commonwealth identified the media as both an issue and a solution for obesity. Therefore, media intervention has been identified as one of the four statewide solution themes.

As recorded during the CHAMPION regional meetings, Virginians are very aware of the influence the media has on society. Regional meeting participants acknowledged that poor nutrition and physical inactivity could be attributed to lack of positive nutrition messages and children spending too much time watching television. Participants also shared the belief that media intervention is one of the ways to bring the issue of obesity to the forefront of the public 's interest.



The media plays a vital role in how information is transmitted and disseminated to the public. Regional participants commonly named the following solutions on how the media can help to promote physical activity, good nutrition, and reduce “screen time ” or time spent sitting in front of a computer, video game, or television screen throughout Virginia:

1. Conduct positive media/public service announcement campaigns that promote good nutrition and increased physical activity,
  2. Conduct a media campaign that focuses on the importance of physical activity,
  3. Create media campaigns that provide accurate information and do not send mixed messages.
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Illustrated in Table 9 are commonly used media outlets and regional participant recommended solutions to promote positive messaging regarding physical activity and nutrition.

Table 9: Media Outlets and Regional Solutions.	
Media Outlet	Regional Recommended Solutions
Television	<ul style="list-style-type: none"> <li><input type="checkbox"/> Promote ads and messages showing families eating a nutritious, healthy meal</li> <li><input type="checkbox"/> Promote PSAs and programs that encourage parents and children to get out and be more physically active</li> <li><input type="checkbox"/> Support community programs (e.g. health fairs and other activities within the community that focus on cooking demonstrations and being physically active)</li> <li><input type="checkbox"/> Produce interviews with celebrities/sports figures to promote importance of physical activity for all and ask them what types of activities they do with their children</li> </ul>
Radio	<ul style="list-style-type: none"> <li><input type="checkbox"/> Play positive PSA's about nutrition and physical activity</li> <li><input type="checkbox"/> Support community programs (e.g. health fairs and other activities within the community that focus on cooking demonstrations and being physically active)</li> </ul>
Newspaper	<ul style="list-style-type: none"> <li><input type="checkbox"/> Provide positive images supporting physical activity and promoting healthy behavior</li> <li><input type="checkbox"/> Produce interviews with celebrities/sports figures to promote importance of physical activity for all and to identify activities they do with their children</li> </ul>
Magazine	<ul style="list-style-type: none"> <li><input type="checkbox"/> Support community programs (e.g. health fairs and other activities within the community that focus on cooking demonstrations and being physically active)</li> <li><input type="checkbox"/> Promote Public Service Announcements (PSAs) and programs that encourage parents and children to get out and be more physically active</li> </ul>
Internet	<ul style="list-style-type: none"> <li><input type="checkbox"/> Spread information to a vast number of people simultaneously. Use it to focus attention on obesity-related issues</li> </ul>

## Working with Local Media

Working with the media is an effective way to influence attitudes and opinions about obesity and is rapidly becoming one of the primary tools for public health education<sup>34</sup>.

Media advocacy is the strategic use of any form of media to advance a community group's objectives or goals. Through media advocacy, organizations frame obesity in

a way that demonstrates its importance to the community. Through media advocacy, community groups can:

- *Change* the way key decision makers and the general public look at community issues or problems;
- *Create* a reliable, consistent stream of publicity or media focus for your program's issues and activities;
- *Explain* how these problems could and should be solved; and
- *Motivate* community members and policy makers to get involved



It is imperative that community groups identify local media outlets and develop positive, working relationships with them to communicate obesity prevention-related messages to the targeted audience. Local media outlets can include newspapers, magazines, radio stations, television stations, and even internet sites. Becoming familiar with and working with the local media will aid in developing contacts for reporters and media personnel to focus attention on issues such as obesity.

An example of using a local celebrity as a spokesperson and working with the local media was the Childhood Obesity Public Service Announcement ( P S A ) done by Thomas Jones in 2006. Jones is originally from Big Stone Gap, VA and played football at the University of Virginia. He has been a

professional football player in the National Football League since 2000. The Virginia Department of Health teamed with Jones to produce four radio and four video obesity-focused PSAs. The target audience, ages 3-5 and ages 9-13 are encouraged to increase their daily physical activity with a message of Get Up, Get Out and Get Moving.

Get Up, Get Out, Get Moving PSAs are available for communities to use and are accessible via

<http://www.vdh.virginia.gov/news/>.

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### *National Media and Local Media Campaigns*

Mass media campaigns are interventions that address messages to large and relatively undifferentiated audiences<sup>35</sup>. The campaigns are designed to increase knowledge, influence attitudes and beliefs, and change behavior<sup>36</sup>. Messages are transmitted by using channels such as newspapers, radio, television, and billboards alone or in combination<sup>36</sup>. Mass Media Campaigns are very expensive to maintain; they require a large, steady funding source to be sustainable.

Local media campaigns are mainly designed to increase awareness about a particular issue within a community. The use of local celebrities as spokespersons and PSAs can be effective tools to communicate important messages about obesity, nutrition, and physical activity.

### *Reduction in Screen Time and Obesity*

Regional participants repeatedly identified increased screen time, time watching TV and videos, playing video and computer games, and surfing the Internet, as a factor relating to poor nutrition and physical inactivity. Studies indicate that excessive television exposure is a risk factor for overweight and obesity in both preschoolers and children<sup>37</sup>. Additionally, time in front of a television, video game, or computer screen has been associated consistently with low levels of physical activity<sup>38,39</sup>. The American Academy of Pediatrics ( AAP ) recommends limiting screen time to no more than 1 to 2 hours a day for children 3 and older and no screen time at all for children 2 years of age and younger<sup>40</sup>.

Nationally, weekly screen time for children is as high as 55 hours/week, and the average home in the United States has a television turned on for 8 hours per day, suggesting that, for many families, a 2-hour limit would bring dramatic changes to how

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children spend their time in the home<sup>41</sup>.

Decreased television viewing is a primary preventative intervention for the reduction of overweight and other chronic disease risk. Programs included in this Plan promote strategies to decrease daily screen time. Current interventions for decreasing screen time include: eliminating TV from children ' s bedrooms; encouraging mindful viewing by monitoring screen media watched; disconnecting food from TV viewing; using school-based curricula to reduce children ' s screen time; and providing training for health care professional to counsel on reducing children ' s media use<sup>39</sup>.

## **Theme 4: Public Policy**

CHAMPION 's bottom-up design concentrates on encouraging individual empowerment and ownership around obesity prevention and control. The CHAMPION process was designed to collect information from public opinion through community members identifying issues and solutions surrounding overweight and obesity in their area.

Solutions expressed by participants of the regional meetings included in public policy are relative to local groups/coalitions building momentum and promoting policy and environmental change to address obesity prevention. Examples include need for parks, walking trails, bike trails, community gardens, and use of school facilities for community programs.

### **What is Public Policy?**

Policies are defined as laws, regulations, and rules that are both formal and informal<sup>41</sup>.

Polices can be directed toward creating supportive environments and can also have direct effects on behavior by providing the basis for educational and behavior change programs<sup>41</sup>.

Examples of policy change are amendments to federal laws and regulations that govern the nutrition content of school meals, state education standards for physical education, and organizational rules that provide time off during work hours for physical activity.

Advocating for policy and environmental changes on the federal, state and local levels is equally important. Whether advocacy involves a member of Congress, the Virginia General Assembly or a local City Council, the goal is to impact positive change.

### *Challenges to Policy and Environmental Change*

The socio-ecological model recognizes the interwoven relationship that exists between the individual and their environment<sup>4</sup>. While individuals are responsible for instituting and

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maintaining the lifestyle changes necessary to reduce risk and improve health, individual behavior is determined to a large extent by social environment. The most effective approach leading to healthy behaviors is a combination of the efforts at all levels: individual, interpersonal, organizational, community, and public policy<sup>42</sup>.

CHAMPION regional meeting participants suggested the following changes to public policy:

- Encourage policies that provide daily structured physical activity and/or physical education for children in kindergarten through 12th grade
- Mandate that nutrition education is taught in each grade in school
- Encourage policies that mandate land developers and builders improve urban and community planning ( i.e. build sidewalks, bike paths, walking trails, playgrounds, etc. )
- Provide adequate funding for state and local recreation sites and facilities. Include physical activity/recreational area plans into the growth plans of the city/county
- Increase the number of worksites that have policies that enhance activity opportunities
- Encourage employers to provide incentives and time for employees to participate in physical activity
- Promote employee exercise programs and incorporate educational sessions about nutrition, physical activity and behavior modification

### *Advocacy*

As leaders in their communities, Virginians can be effective advocates for programs and environmental change promoting healthy lifestyles. An advocate is one that

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argues for a cause; a supporter or defender. Anyone can be an advocate. Advocates do not have to be an expert in a chosen field, but they should be willing to share knowledge and experience.

Advocacy and building positive working relationships with local government officials and/or state legislators is crucial to any community that wishes to have an effective policy and environmental change within their community.

## **Virginia Policy Initiatives**

### *Health Care Reform Commission*

In August 2006, Governor Kaine issued an Executive Order creating a Health Reform Commission tasked with recommending ways to improve the healthcare system in the Commonwealth. The Commission 's tasks included examining the healthcare workforce, affordability, quality, and accessibility of healthcare in the Commonwealth, the transparency of health information, prevention and wellness efforts, and long-term care.

The Roadmap for Virginia 's Health: A Report of the Governor 's Health Reform Commission, published in September 2007, puts forward strategies that, if implemented and funded appropriately, will make certain that the Commonwealth is successful in raising its overall health ranking and securing a healthy future for all Virginians. The Commission challenges the Commonwealth, business community, advocates, public health, payers, providers, lobbyists, schools, and the citizens of the Commonwealth to make Virginia one of the top ten healthiest states in the nation. Obesity related recommendations include those for Virginia School Systems, Community, Young Adults ( 18-24 ), and State Employees. One specific recommendation was for finalizing and implementing the CHAMPION Obesity

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Prevention Plan.

### *Local Wellness Policy*

The Child Nutrition and WIC Reauthorization Act of 2004 requires each local educational agency that has schools participating in the federally funded National School Lunch Program and/or School Breakfast Program to establish a local school wellness policy. Wellness policies combine education with practice to create healthful school environments and encourage healthy behavior.

As required by law, a local wellness policy includes:

1. Goals for nutrition education, physical activity and other school-based activities that are designed to promote student wellness in a manner than the local educational agency determines is appropriate
  2. Nutrition guidelines selected by the local educational agency for all foods available on each school campus under the local educational agency during the school day with the objectives of promoting school health and reducing childhood obesity
  3. Guidelines for reimbursable school meals that require districts to meet the program requirements and nutrition standards
  4. A plan for measuring implementation of the local wellness policy, including designation of one or more persons within the local educational agency or at each school, as appropriate, charged with operational responsibility for ensuring that each school fulfills the district 's local wellness policy
  5. Community involvement, including parents, students, and representatives of the school food authority, the school board, school administrators, and the public in the development of the school wellness policy
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Virginia schools can meet all components of the Local Wellness Policy by setting goals to meet the benchmarks for physical activity and nutrition outlined in the Governor ' s Scorecard. By meeting the highest standards of the scorecard, schools can additionally receive the Governor' s recognition for going beyond minimum program requirements.

### *School Health Advisory Boards*

In 1992, the General Assembly required each school division in Virginia to establish a school health advisory board ( SHAB ). The purpose of the SHAB is to advise its school division about the development and implementation of school health programs, including instruction, the school environment, and actual health services. SHABs are required to meet at least semi-annually and submit an annual report on the status and needs of student health in their school divisions to the Virginia Department of Education (VDOE), the Virginia Department of Health (VDH), the school board, and any relevant school.

### **Current Virginia Obesity Policies**

The General Assembly of Virginia has enacted that following legislation over the last six years regarding breastfeeding, school physical fitness, and the farm-to-school program.

#### *To Encourage and Recognize Breastfeeding*

House Bill 1264 ( Baskerville and Jones, 2002 ) guarantees a woman the right to breast-feed her child on any property owned, leased or controlled by the state. The bill also stipulates that childbirth and related medical conditions specified in the Virginia Human Rights Act include activities of lactation, including breast-feeding and expression of milk by a mother for her child.

House Joint Resolution 145 ( Baskerville, Amundson, Crittenden, Darner, and Plum, 2002 ) encourages employers to recognize the benefits of breastfeeding and to provide unpaid break time and appropriate space for employees to breast-feed or express milk.

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House Bill 2708 ( Sickles, 2005 ) provides that a mother who is breast-feeding a child may be exempted from jury duty upon her request. The mother need not be "necessarily and personally responsible for a child or children 16 years of age or younger requiring continuous care . . . during normal court hours" as the existing statute provides.

### *School Physical Fitness*

House Bill 242 ( O'Bannon, 2008 ) requires local school boards to provide physical fitness program with goal of 150 minutes per week for all students. The goal must also be incorporated into their local wellness policy.

House Bill 246 ( O'Bannon, 2008 ) and Senate Bill 61 ( Howell, 2008 ) requires the Virginia Department of Education to develop a database of local school divisions' best practices regarding nutrition and physical education, including results of wellness-related fitness assessments, and make it accessible to all local school divisions in the Commonwealth and the Virginia Department of Health.

### *Farm to School Program*

Senate Bill 797 ( Potts, 2007 ) requires the Commissioner of Agriculture and Consumer Services to establish and maintain a farm-to-school website. The purpose of the website shall be to facilitate and promote the purchase of Virginia farm products by schools, universities, and other educational institutions under the jurisdiction of the State Department of Education. The website presents such current information as the availability of Virginia farm products, including but not limited to the types and amount of products, and the names of and contact information for farmers, farm organizations, and businesses marketing such products.

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Senate Joint Resolution 347 (Potts, 2007 ) authorizes the Secretary of Agriculture and Forestry and the Secretary of Education to establish a Farm-to-School Task Force that will develop a plan for implementing a Farm-to-School Program in Virginia. The task force will study the best method of providing information to the Virginia Department of Education, interested school divisions, and institutions of higher education regarding the availability of Virginia farm products, including the names and contact information of farmers, farm organizations, and businesses that market Virginia farm products.





Year 1						
Maternal/ Conception	Preschool (0-5)	School Age (5-12)	Adolescent (12-18)	Young Adult (18-30)	Adult (30-59)	Seniors (60 and older)
Support the ability to breastfeed at work by providing a comfortable, private space for employees.	Support the ability to breastfeed at work by providing a comfortable, private space for employees.	Bodyworks	Bodyworks	Personal Empowerment Plan	Personal Empowerment Plan	Creating Communities for Active Aging: A Guide to Developing a Strategic Plan to Increase Walking and Biking by Older Adults in Your Community
The Business Case for Breastfeeding	The Business Case for Breastfeeding					
Where Business and Breastfeeding WORK together	Where Business and Breastfeeding WORK together	Giving PARENTS the tools to build strong TEENS!	Giving PARENTS the tools to build strong TEENS!	Put your JOB to WORK for you!	Put your JOB to WORK for you!	One STEP at a time to a healthier community!
Policy	Policy	Nutrition Education and Physical Activity	Nutrition Education and Physical Activity	Nutrition Education and Physical Activity	Nutrition Education and Physical Activity	Community Involvement



Policy:	Support the ability to breastfeed at work by providing a comfortable, private space for employees.
Impact:	Breastfeeding is widely known to benefit mothers and infants both from a nutritional and bonding aspect. Women who are able to continue to breastfeed after returning to work miss less work time due to baby related illnesses, have shorter absences when they do miss work, and tend to return earlier from maternity leave.
Associated Toolkit for Implementation:	The Business Case for Breastfeeding
Website:	<a href="http://ask.hrsa.gov/detail.cfm?PubID=MCH00254">http://ask.hrsa.gov/detail.cfm?PubID=MCH00254</a>
Cost:	Implementation Costs -The Business Case for Breastfeeding. Steps for Creating a Breastfeeding Friendly Worksite: Bottom Line Benefits Kit, \$0 online order
Partners:	La Leche League, Virginia Breastfeeding Advisory Committee
Description:	This kit contains a series of materials designed to create breastfeeding friendly work environments. It includes booklets for business and human resource managers to use to support breastfeeding employees and an employee's guide to breastfeeding and working. The kit also provides an outreach and marketing guide and a tool kit with reproducible resources and a CD-ROM.

Program Name:	<b>BodyWorks.</b>   
Website:	<a href="http://www.womenshealth.gov/bodyworks/toolkit/">http://www.womenshealth.gov/bodyworks/toolkit/</a>
CHAMPION Age:	School Age 5-12
Target:	Parents, Caregivers of Girls
Cost:	Web-based resources (to order by trainers only) - How to guides for parents and teens, \$0 downloadable - Food and fitness journals, Recipe Book, Weekly meal planner, Shopping lists, \$0 downloadable Implementation Costs - Attend Train-the-trainer session, \$ variable
Partners:	Local Schools, Local Department of Health, Healthcare systems
National Recommendations:	MyPyramid.gov
Description:	BodyWorks is a program designed to help parents and caregivers of young adolescent girls improve family eating and activity habits. Using the BodyWorks Toolkit, the program focuses on parents as role models and provides them with hands-on tools to make small, specific behavior changes to prevent obesity and help maintain a healthy weight.
Impact:	Preliminary evaluation indicates that parents changed their intentions towards physical activity and nutrition and were more likely to set physical activity and nutrition goals and help daughters make changes in eating habits. Parents also reported increased vegetable intake, increased exercise, and increased likelihood to overcoming perceived barriers to physical activity and nutrition. In addition, the girls surveyed responded positively to parental participation and were interested in their parents involved with them setting physical activity goals and preparing meals.



Program Name:	<b>Personal Empowerment Plan</b>  
Website:	<a href="http://www.cdc.gov/nccdphp/dnpa/pep.htm">http://www.cdc.gov/nccdphp/dnpa/pep.htm</a>
CHAMPION Age:	Young Adults 18-30 Adults 30-59 Seniors over 60
Target:	Worksites
Cost:	Implementation costs - Coordinators guide, Print-ready materials, CD-ROM, \$45 - Computer - Paper, supplies
Partners:	Local Health Department
National Recommendations:	U.S. Department of Health and Human Service- 2008 Physical Activity Guidelines
Description:	Personal Empowerment Plan (PEP) is a strategy for work sites to promote healthy eating and moderate physical activity. The Coordinator's Guide will walk you through the PEP Steps to implementing a wellness program: planning, promoting, implementing, and evaluating. PEP includes a Coordinator's Guide, a CD of print-ready PDF tools, including the PEP logo for use on participant materials and handouts. Also, included is a Stage of Change Test to match workbooks to each employee's starting point.
Impact:	According to formative research completed for the original version of PEP, the predominant barriers faced by individuals changing their health behaviors were lack of energy and lack of time. PEP addressed these barriers by providing simple ways for individuals to eat healthier foods and increase physical activity as part of their daily lives.


Program Name:	<b>Creating Communities for Active Aging: a Guide to Developing a Strategic Plan to Increase Walking and Biking by Older Adults in Your Community</b>
Website:	<a href="http://www.subnet.nga.org/ci/assets/PFPActiveAging.pdf">http://www.subnet.nga.org/ci/assets/PFPActiveAging.pdf</a>
CHAMPION Age:	Adults 30-59 Seniors over 60
Target:	Community groups
Cost:	Web-based resources -Guide to strategic plan, \$0
Partners:	Parks and Recreation, Department of Transportation, Local Health Department, Faith-based organizations, Local Area Agency on Aging
National Recommendations:	U.S. Department of Health and Human Service- 2008 Physical Activity Guidelines
Description:	This document is a guide useful in creating a strategic plan to engage the older adults in the community to be more physically active. The guide contains goals for the community group's plan, strategies to gain input from others, and a catalog of ideas and strategies for encouraging increased activity for older adults.



Year 2						
Maternal/ Conception	Preschool (0-5)	School Age (5-12)	Adolescent (12-18)	Young Adult (18-30)	Adult (30-59)	Seniors (60 and older)
Community Action Kit for Protecting, Promoting, and Supporting Breastfeeding	I am Moving, I am Learning	Girls on the Run, Girls on Track	Girls on the Run, Girls on Track	Provide healthy food options for employees during the workday and at all meetings.	Provide healthy food options for employees during the workday and at all meetings.	Provide healthy food options for employees during the workday and at all meetings.
				Guidelines for Offering Healthy Foods at Meetings, Seminars and Catered Events	Guidelines for Offering Healthy Foods at Meetings, Seminars and Catered Events	Guidelines for Offering Healthy Foods at Meetings, Seminars and Catered Events
Babies were born to be breastfed!	Let's Play!	See what girls can do!	See what girls can do!	WORK to feed healthy habits	WORK to feed healthy habits	WORK to feed healthy habits
Community Involvement	Nutrition Education and Physical Activity	Nutrition Education and Physical Activity	Nutrition Education and Physical Activity	Policy	Policy	Policy





Program Name:	<b>Community Action Kit for Protecting, Promoting, and Supporting Breastfeeding</b>
Website:	<a href="http://www.dshs.state.tx.us/wichd/bf/pdf/Community%20Action%20Kit.pdf">http://www.dshs.state.tx.us/wichd/bf/pdf/Community%20Action%20Kit.pdf</a>
CHAMPION Age:	Maternal/Conception Preschool 0-5
Target:	Healthcare, Faith-based organizations, Early childcare, Community groups
Cost:	Web-based resources - Community Action Kit, \$0 downloadable
Partners:	Local Department of Health, Local WIC Program, Hospitals, La Leche League, Midwife and Doula organizations, Local Extension Office, Head Start Staff, Chamber of Commerce
National Recommendations:	American Academy of Pediatrics Breastfeeding Recommendations
Description:	The purpose of this kit is to enable communities to increase initiation, exclusivity, and duration of breastfeeding in order to improve public health. Practical tools are given for assessing and addressing specific needs and issues affecting breastfeeding families in the community. Specific “how-to” steps will help to: build a coalition, assess the breastfeeding needs of the community, utilize available resources, and mobilize the community to protect, promote and support breastfeeding.

Program Name:	<b>I am Moving, I am Learning (IMIL)</b> 
Website:	<a href="http://www.choosykids.com/CK2/">http://www.choosykids.com/CK2/</a>
CHAMPION Age:	Preschool 0-5 School Age 5-12
Target:	WIC Clinics, Childcare centers, Head Start, Schools
Cost:	IMIL Resource Binders - Presentations and copies, \$10 each - Ordered resources and copies, \$15 IMIL materials (Prices will vary based on the number ordered) - 3 available CDs, \$10 each - Pens, \$1 each - Posters and mini posters, \$10
Partners:	Department of Education, Local Health Departments
National Recommendations:	Dietary Guidelines for Americans, MyPyramid.gov, 2008 Physical Activity Guidelines
Description:	I am Moving, I Am Learning (IMIL) introduces multidisciplinary teams to the science of obesity prevention and best practices for addressing the growing child obesity epidemic in an intentional and purposeful manner. IMIL provides strategies and resources for infusing quality physical movement and healthy nutrition choices within their familiar curriculum approaches and daily classroom routines.
Impact:	In an IMIL pilot study, children significantly increased MVPA, and children who were previously inactive had become more physically active.








Program Name:	<b>Girls on the Run (Girls on Track)</b> 
Website:	<a href="http://www.girlsontherun.org/default.html">http://www.girlsontherun.org/default.html</a>
CHAMPION Age:	School Age 5-12 Adolescent 12-18
Target:	After school centers, recreation and community centers
Cost:	Implementation cost -Costs for training, variable
Partners:	
National Recommendations:	U.S. Department of Health and Human Service- 2008 Physical Activity Guidelines
Description:	Girls on the Run® encourages preteen girls to develop self-respect and healthy lifestyles through running. The corresponding curriculum addresses all aspects of girls' development - their physical, emotional, mental, social and spiritual well-being. Girls on the Run® is a life-changing, experiential learning programs for girls age eight to thirteen years old. The programs combine training for a 3.1 mile running event with self-esteem enhancing, uplifting workouts. Girls on the Run International establishes, trains, and supports a network of community-level councils with local volunteers. The volunteers serve as role models to the girls through coaching the 12-week, 24 lesson curricula. The curriculum is delivered in these areas through after-school programs, recreation centers and other non-profit settings.
Impact:	Girls on the Run participants significantly improved self-esteem and body size satisfaction.

Policy:	Provide healthy food options for employees during the workday and at all meetings. 
Impact:	Eating is one behavior that is greatly influenced by the workplace. It has long been demonstrated that the physical and social environment of the workplace influences health-related behaviors.
Associated Toolkit for Implementation:	University of Minnesota School of Public Health: Guidelines for Offering Healthy Foods at Meetings, Seminars and Catered Events
Website:	<a href="http://www.ahc.umn.edu/ahc_content/colleges/sph/sph_news/Nutrition.pdf">http://www.ahc.umn.edu/ahc_content/colleges/sph/sph_news/Nutrition.pdf</a>
Cost:	Web-based resources: - Guidelines, \$0 downloadable
Partners:	Local Chamber of Commerce
Description:	Guidelines for Offering Healthy Foods at Meetings, Seminars and Catered Events were developed for any organization interested in promoting a healthy work environment. Guidelines includes strategies that target offering healthy choices at breakfasts, lunches, dinners and reception and considering not offering a mid-morning or mid-afternoon snack at meetings, seminars, and conferences.



Year 3						
Maternal/ Conception	Preschool (0-5)	School Age (5-12)	Adolescent (12-18)	Young Adult (18-30)	Adult (30-59)	Seniors (60 and older)
Encourage regular physician communication and brief counseling regarding physical activity, eating habits, and breastfeeding.	Keep Me Healthy 5 2 1 0	Do More, Watch Less	Do More, Watch Less	We Can!	We Can!	We Can!
AIM for Change Toolkit						
When doctors talk, we listen.	Physicians lead the Countdown to healthier children	Screen-free Tweens!	Screen-free Tweens!	We Can! And You Can too!	We Can! And You Can too!	We Can! And You Can too!
Policy	Nutrition Education and Physical Activity	Media Intervention	Media Intervention	Community Involvement	Community Involvement	Community Involvement

Policy:	Encourage regular physician communication and brief counseling regarding physical activity, eating habits, and breastfeeding.  
Impact:	Studies have documented that brief counseling sessions integrated into regular medical check-ups have a beneficial impact on patients' physical activity levels and dietary practices.
Associated Toolkit for Implementation:	AIM for Change Toolkit
Website:	<a href="https://secure.aafp.org/catalog/viewProduct.do?productId=808&amp;categoryId=4">https://secure.aafp.org/catalog/viewProduct.do?productId=808&amp;categoryId=4</a>
Cost:	Web-based resources: - AIM for Change Toolkit, \$0 ordered through the American Academy of Family Physicians
Partners:	Virginia Chapter of American Academy of Pediatrics
Description:	The AIM to Change toolkit contains valuable resources and practical advice to help family physicians interact with patients in an office or community setting. These resources will show how to open a dialogue, encourage fitness by recommending simple changes, and capitalize on the "teachable moments" during patient visits. To help reinforce physician recommendations, the toolkit also includes supporting patient education materials to motivate patients and encourage healthy eating, physical activity and emotional well-being.

Program Name:	<b>Keep Me Healthy 5 2 1 0</b> 
Website:	<a href="http://www.mcph.org/Major_Activities/KeepMEHealthy.htm">http://www.mcph.org/Major_Activities/KeepMEHealthy.htm</a>
CHAMPION Age:	Preschool 0-5
Target:	Health care providers, Medical centers
Cost:	Implementation costs - Web-based materials, \$0 downloadable
Partners:	
National Recommendations:	2008 Physical Activity Guidelines
Description:	5-2-1-0 is an easy way to remember some basic health tips that are good for every member of your family. There is a scientific rationale supporting each component of the 5-2-1-0 message. It has been used in doctors' offices in Maine for the past three years and has been used in school settings for the past one and a half years. The 5-2-1-0 message is an easy way to begin an open discussion about the ways to increase physical activity and healthy eating. The targets for this toolkit stress 5 or more servings of fruits & vegetables 2 hours or less recreational screen time 1 hour or more of physical activity and 0 sugary drinks, more water & low fat milk.
Impact:	An evaluation report of surveys given to medical professionals on the effectiveness of the Michigan Youth Overweight Collaborative pilot program found that MYOC strategies were successful. Notably, health care providers cited many examples of successful weight loss in their patients using the 5-2-1-0 messages.






Program Name:	<b>Do More, Watch Less</b>
Website:	<a href="http://www.cnr.berkeley.edu/cwh/PDFs/news/COPI_TV_Tool.pdf">http://www.cnr.berkeley.edu/cwh/PDFs/news/COPI_TV_Tool.pdf</a>
CHAMPION Age:	School Age 5-12 Adolescents 12-18
Target:	After School Programs, Tweens, Parents
Cost:	Web-based resources - Curriculum-based lesson plans, \$0 downloadable Implementation costs - Computer - Paper, flip chart, markers, additional supplies, Prizes if desired
Partners:	Parks and Recreation
National Recommendations:	
Description:	Do More, Watch Less is a toolkit for after school programs and youth serving organizations to encourage tweens to incorporate more screen-free activities into their lives while reducing the time they spend watching TV, surfing the internet, and playing video games.
Intervention Impact:	Studies show that television watching is strongly linked to overweight in children, and that decreasing the amount of time spent in front of the television can help children reach and maintain a healthy weight.

Program Name:	<b>We Can! Ways to Enhance Children's Activity and Nutrition</b>
Website:	<a href="http://www.nhlbi.nih.gov/health/public/heart/obesity/wecan_mats/toolkit.htm">http://www.nhlbi.nih.gov/health/public/heart/obesity/wecan_mats/toolkit.htm</a>
CHAMPION Age:	School Age 5-12, Adolescent 12-18
Target:	Children, Parents
Cost:	Web-based resources - Community and Parent toolkit, \$0 downloadable - Parent handbook, \$0 downloadable - We Can! promotional video and presentation, \$0 downloadable Implementation costs -Power Up calls, \$0 call in -Regional training cost, variable
Partners:	Local Cancer Society, Local Health Department, Department of Education
Description:	We Can! is a national education program designed for parents and caregivers to help children 8-13 years old stay at a healthy weight. Parents and caregivers are the primary influencers for this age group. We Can! offers parents and families tips and fun activities to encourage healthy eating, increase physical activity and reduce sedentary or screen time. It also offers community groups and health professionals resources to implement programs and fun activities for parents and youth in communities around the country.
Impact:	An outcome and process evaluation of We Can! indicated that youth participants demonstrated improvement in food knowledge and attitudes, healthy eating behaviors and physical activity attitudes. Parents showed improvement for knowledge of, and attitudes toward, physical activity and nutrition.




Year 4						
Maternal/ Conception	Preschool (0-5)	School Age (5-12)	Adolescent (12-18)	Young Adult (18-30)	Adult (30-59)	Seniors (60 and older)
	<p>Meet or exceed the requirements for minimum minutes of physical education.</p> <p>Energizers!</p> <p>Teachers <b>ENERGIZE</b> the school day with physical activity!</p> <p>Policy</p>	<p>Meet or exceed the requirements for minimum minutes of physical education.</p> <p>Energizers!</p> <p>Teachers <b>ENERGIZE</b> the school day with physical activity!</p> <p>Policy</p>	<p>Meet or exceed the requirements for minimum minutes of physical education.</p> <p>Energizers!</p> <p>Teachers <b>ENERGIZE</b> the school day with physical activity!</p> <p>Policy</p>	<p>Sisters Together: Move More, Eat Better</p> <p>Healthy, Fit, and Fabulous</p> <p>Nutrition Education and Physical Activity</p>	<p>Sisters Together: Move More, Eat Better</p> <p>Healthy , Fit, and Fabulous</p> <p>Nutrition Education and Physical Activity</p>	<p>Wheeling Walks</p> <p>Walking: A Step in the Right Direction</p> <p>Media</p>

Policy:	Meet or exceed the requirements for minimum minutes of physical education. 
Impact:	This longitudinal study found that the likelihood of being an overweight young adult was reduced by participation in certain school-based and extracurricular activities during adolescence. The data offers evidence to policy makers that increasing resources for quality physical education and sports is a promising strategy to reduce adulthood overweight.
Associated Toolkit for Implementation:	Energizers: Classroom-based Activities
Website:	<a href="http://www.preventioninstitute.org/sa/enact/school/documents/afterschool.pa.programs.K-5-Energizers.pdf">http://www.preventioninstitute.org/sa/enact/school/documents/afterschool.pa.programs.K-5-Energizers.pdf</a>
Cost:	Web-based resources: - Energizers Lessons , \$0 downloadable
Partners:	Parent/Teacher organization
Description:	"Energizers" are activities that teachers can integrate into their lessons to get kids moving while teaching academic concepts. Teachers can align the Energizer activities with the curriculum content they will teach for the year. Most activities are easily adapted for special needs students, rainy days and other areas of study. Activities should be used as a model for teachers to create active lesson plans.

Program Name:	<b>Sisters Together: Move More, Eat Better</b>  
Website:	<a href="http://win.niddk.nih.gov/sisters/index.htm">http://win.niddk.nih.gov/sisters/index.htm</a>
CHAMPION Age:	Young Adult 18-30 Adult 30-50
Target:	Faith-based organizations, Worksites, Minority, Recreation centers, YWCA
Cost:	Web-based resources - Program guide, \$0 downloadable - Brochures, program fact sheets, \$0 downloadable Implementation costs - Computer, Paper, supplies, meeting spaces, etc - Newspaper advertisements, \$ variable
Partners:	YWCA, Local Heart Association, Local Diabetes Association
National Recommendations:	U.S. Department of Health and Human Service- 2008 Physical Activity Guidelines
Description:	Sisters Together: Move More, Eat Better is a national initiative of the Weight-control Information Network (WIN) designed to encourage Black women to maintain a healthy weight by becoming more physically active and eating healthier foods. The Sisters Together planning guide and kit are designed to help individuals and organizations plan, promote, implement, and evaluate community health awareness programs to prevent Black women from becoming overweight.
Impact:	The qualitative research confirmed the fact that women in the community understand what constitutes a healthy lifestyle, but need skill-building activities to incorporate the general concepts into their own lives. Finally, it further described the importance of cultural factors to the women in the community and suggested that the campaign should celebrate the culture, not provide alternatives to it.





Program Name:	<b>Wheeling Walks</b> 
Website:	<a href="http://www.wheelingwalks.org/index.asp">http://www.wheelingwalks.org/index.asp</a>
CHAMPION Age:	Adults 30-50 Seniors over 60
Target:	Community
Cost:	Web-based resources -Training manual, \$0 downloadable Implementation costs -Local media and newspaper advertisements if desired -Computer
Partners:	Local Health Department, Local Media Outlets
National Recommendations:	U.S. Department of Health and Human Service- 2008 Physical Activity Guidelines
Description:	Wheeling Walks is a theory- and media-based community campaign that uses paid advertising to encourage walking among sedentary older adults. The programs' campaign activities include paid newspaper, TV, and radio advertising, weekly press conferences and new coverage, worksite programs, website exposure, and other public health education programs. The online toolbox provides information for health educators to increase physical activity in their communities.
Intervention Impact:	Program evaluation indicates that 30% of Wheeling's sedentary residents increased their walking to the recommended level, compared to 16% of residents in a control community. Thus, Wheeling experienced a 14% net increase in walking.





Year 5						
Maternal/ Conception	Preschool (0-5)	School Age (5-12)	Adolescent (12-18)	Young Adult (18-30)	Adult (30-59)	Seniors (60 and older)
	Color Me Healthy	Safe Routes to School (SRTS)	Safe Routes to School (SRTS)	Complete the sidewalks and streets to support walking and biking in all communities	Complete the sidewalks and streets to support walking and biking in all communities	Complete the sidewalks and streets to support walking and biking in all communities
				Winning with ACEs! How You Can Work toward Active Community Environments	Winning with ACEs! How You Can Work toward Active Community Environments	Winning with ACEs! How You Can Work toward Active Community Environments
	The colorful way to get preschoolers moving and eating healthy!	The WALK to SCHOOL gets safer for ALL	The WALK to SCHOOL gets safer for ALL	If you build it, they will come!	If you build it, they will come!	If you build it, they will come!
	Nutrition Education and Physical Activity	Nutrition Education and Physical Activity	Nutrition Education and Physical Activity	Policy	Policy	Policy





Program Name:	Color Me Healthy.  
Website:	<a href="http://www.colormehealthy.com/">http://www.colormehealthy.com/</a>
CHAMPION Age:	Preschool 0-5
Target:	Childcare centers, Schools
Cost:	<p>Color Me Healthy Training</p> <ul style="list-style-type: none"> <li>- Training manuals: Sample training agendas, Marketing materials, CDs with all files, \$100/kit plus \$4 shipping</li> <li>- Training session: \$ variable</li> </ul> <p>Color Me Healthy Toolkits</p> <ul style="list-style-type: none"> <li>- English Kit: Teacher's Guide, 4 sets of Picture cards, 3 Classroom posters, CD with 7 original songs, Hand stamp, 2 Parent's posters, 14 reproducible Parent newsletters, \$80/kit for under 100 kits;</li> <li>- Spanish Kit: Picture cards, 1 Classroom posters, 2 Parent's posters, 13 reproducible Parent newsletters, \$25/ Spanish kit for under 100 kits</li> </ul>
Partners:	Local Schools, Local Cooperative Extension
National Recommendations:	MyPyramid.gov
Description:	Color Me Healthy is a program developed to reach children ages 4 and 5 with fun, interactive learning opportunities on physical activity and healthy eating. It is designed to stimulate all of the senses of young children: touch, smell, sight, sound, and, of course, taste. Through the use of color, music, and exploration of the senses, Color Me Healthy teaches children that healthy food and physical activity are fun.
Impact:	92% of children using the Color Me Healthy program increased their physical activity and 93% increased their knowledge about healthy eating. 95% of childcare providers gave the program excellent/very good ratings.

Program Name:	Safe Routes to School 
Website:	<a href="http://www.vdot.virginia.gov/programs/ted_Rt2_school_pro.asp#ref">http://www.vdot.virginia.gov/programs/ted_Rt2_school_pro.asp#ref</a>
CHAMPION Age:	School Age 5-12 Adolescent 12-18
Target:	Schools, After school centers
Cost:	Web-based resources - Virginia School Travel Plan Worksheet and Resource Guide, \$0 downloadable Implementation costs - Constructing sidewalks, installing bicycle parking at transit stations, teaching children to ride and walk safely, installing curb cuts and ramps for wheelchairs, striping bicycle lanes, and building trails, \$ variable
Partners:	School, Parent/Teacher Association, Local police department, Department of public works, Local politicians
National Recommendations:	U.S. Department of Health and Human Service- 2008 Physical Activity Guidelines
Description:	The Virginia School Travel Plan is created through a team-based process that identifies the barriers to biking and walking and formulates a set of solutions to address them. The School Travel Plan is developed in consultation with the whole school community and is an important tool in improving student and community health, safety, traffic congestion and air quality. It is the first step in preparing schools to make important changes in their school travel environments.
Impact:	Results suggest that SRTS projects in urban areas can improve the walking and bicycling environment for adults as well as for children, the target users. Investment in SRTS can contribute to increased physical activity among children and adults.

Policy:	Complete the sidewalks and streets to support walking and biking in all communities. 
Impact:	Studies found that residents of communities that were conducive to physical activity (e.g., mixed-land use, walkability, and bikeability) were more likely to participate in leisure and transportation-related physical activity.
Associated Toolkit for Implementation:	Winning with ACEs! How You Can Work toward Active Community Environments (ACEs Guide)
Website:	<a href="http://www.eatsmartmovemorenc.com/ACEs/ACEs.html">http://www.eatsmartmovemorenc.com/ACEs/ACEs.html</a>
Cost:	Web-based resources: - Winning with ACEs, \$0 downloadable
Partners:	Local Parks and Recreation, Local Department of Transportation, Local School District
Description:	The ACEs Guide was developed to assist interested parties who are starting to make their communities more supportive of physical activity. The primary audience for the ACEs Guide is public health practitioners, but many community groups and grassroots coalitions will find the information useful. This ACEs Guide provides a logical sequence of steps/actions to guide your work in developing active community environments.

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## Appendix A: Age Index of Recommended Programs

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## How to Use the Age Index and Recommended Programs Resource Guide

The Age Index identifies programs from the CHAMPION Recommended Programs Resource Guide that reach each target age group. The target age groups are: Maternal/Conception, Preschool (0-5 years), School Age (5-12 years), Adolescent (12-18 years), Young Adult (18-30 years), Adult (30-59 years), and Seniors (60 years and older). It is recommended that community groups use the Age Index to select programs that reach their population.

The programs listed as CHAMPION Recommended Programs Resource Guide meet specific criteria and are directly linked to issues and solutions identified by citizens in the Commonwealth. While these programs and tools represent current research and evidence, they may be revised in the future as guidelines and recommendations evolve. While the impact of each program is listed, it is important to remember that even though each program may be transferable, differences in results may occur when implemented in Virginia. Additionally, each program includes evaluation criteria that has been implemented and tested. The success of each program in Virginia will be recorded and this information will be used in preparing an inventory of Commonwealth's Best Practices.

In addition, symbols are included within each program description to identify programs that feature Nutrition Education or Physical Activity components, or if the program meets Governor's Scorecard for Nutrition and Physical criteria.

Resource Guide Symbols:



Nutrition Education



Physical Activity



Governor's Nutrition and  
Physical Activity Scorecard

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## Age Index of Recommended Programs

## Maternal/Conception

Nutrition and Physical Activity	Community Involvement	Media Intervention	Public Policy
	Community Action Kit for Protecting, Promoting, and Supporting Breastfeeding		<p>Encourage regular physician communication and brief counseling regarding physical activity, eating habits, and breastfeeding</p> <p>Support the ability to breastfeed at work by providing a comfortable, private space for employees</p>

## Preschool Age 0-5

Nutrition and Physical Activity	Community Involvement	Media Intervention	Public Policy
<p>America on the Move</p> <p>Color Me Healthy</p> <p>Eat Smart, Play Hard</p> <p>Hearts 'N Parks</p> <p>I am Moving, I am Learning</p> <p>Keep Me Healthy 5 2 1 0</p> <p>Places for Physical Activity: Facilitating Development of a Community Trail and Promoting Its Use to Increase Physical Activity Among Youth and Adults—An Action Guide</p> <p>Suppers Made Simple</p>	<p>Community Action Kit for Protecting, Promoting, and Supporting Breastfeeding</p>		<p>Adopt a comprehensive food policy that develops nutrition, health, and environmental guidelines for purchasing to ensure meals, snacks, vending machines, and a la carte food and beverages include healthy and sustainable choices</p> <p>Adopt educational materials (i.e. storybooks, coloring books) that contain positive references to healthy food and avoid educational/ play materials that endorse products such as fast food or cookies</p> <p>Encourage regular physician communication and brief counseling regarding physical activity, eating habits, and breastfeeding</p> <p>Institute guidelines for fundraising that promote healthy foods or non-food methods</p> <p>Meet or exceed the requirements for minimum minutes of physical education</p> <p>Provide training to staff to lead activity sessions, prepare healthy food options, and model positive eating and activity behaviors</p> <p>Meet or exceed the requirements for minimum minutes of physical education</p> <p>Support the ability to breastfeed at work by providing a comfortable, private space to do so for employees without private offices</p>

## School Age 5-12

Nutrition and Physical Activity	Community Involvement	Media Intervention	Public Policy
<p>5 A Day Power Plus</p> <p><i>America on the Move</i></p> <p>Bodyworks</p> <p><i>Eat Smart, Play Hard</i></p> <p>Girlforce</p> <p><i>Girls on the Run (Girls on Track)</i></p> <p>Hearts 'N Parks</p> <p><i>I am Moving, I am Learning (IMIL)</i></p> <p>Kids Gardening, Nourishing Choices: Implementing Food Education in Classrooms, Cafeterias, and Schoolyards</p> <p><i>Middle School Physical Activity and Nutrition (MSPAN), SPARK (Sports, Play, and Active Recreation for Kids)</i></p> <p>Pathways</p> <p><i>Places for Physical Activity: Facilitating Development of a Community Trail and Promoting Its Use to Increase Physical Activity Among Youth and Adults—An Action Guide</i></p> <p>Project GAIN (Golf: Accessible and Inclusive Networks)</p> <p><i>Safe Routes To School (SRTS)</i></p> <p>Suppers Made Simple</p>	<p>Frameworks for Meaningful Student Involvement</p> <p><i>Improving the Health of Adolescents and Young Adults: A Guide for States and Communities</i></p> <p>SMART CHOICES: A Guide for Creating School-Business Partnerships for Healthy, Active, and Successful Students</p> <p><i>We Can! Ways to Enhance Children's Activity and Nutrition</i></p>	<p>Do More, Watch Less</p> <p><i>Media Smart Youth</i></p> <p>School Bus Media</p> <p><i>What Moves You</i></p>	<p>Adopt a comprehensive food policy that develops nutrition, health, and environmental guidelines for purchasing to ensure meals, snacks, vending machines, and a la carte food and beverages include healthy and sustainable choices</p> <p><i>Adopt educational materials (i.e. storybooks, coloring books) that contain positive references to healthy food and avoid educational/play materials that endorse products such as fast food or cookies</i></p> <p>Provide various physical activity options the reflect the interests and diversity of program attendees</p> <p><i>Complete the sidewalks and streets to support walking and biking in all communities</i></p> <p>Encourage regular physician communication and brief counseling regarding physical activity, eating habits, and breastfeeding</p> <p><i>Institute guidelines for fundraising that promote healthy foods or non-food methods</i></p> <p>Meet or exceed the requirements for minimum minutes of physical education</p> <p><i>Provide training to staff to lead activity sessions, prepare healthy food options, and model positive eating and activity behaviors</i></p> <p>Provide various physical activity options that reflect the interests and diversity of program attendees</p>

## Adolescents Ages 12-18

Nutrition and Physical Activity	Community Involvement	Media Intervention	Public Policy
<p>America on the Move</p> <p>Eat Smart, Play Hard</p> <p>Girforce</p> <p>Girls on the Run (Girls on Track)</p> <p>Hearts 'N Parks</p> <p>Kids Gardening, Nourishing Choices: Implementing Food Education in Classrooms, Cafeterias, and Schoolyards</p> <p>Middle School Physical Activity and Nutrition (MSPAN), SPARK (Sports, Play, and Active Recreation for Kids)</p> <p>Places for Physical Activity: Facilitating Development of a Community Trail and Promoting Its Use to Increase Physical Activity Among Youth and Adults—An Action Guide</p> <p>Project GAIN (Golf: Accessible and Inclusive Networks)</p> <p>Safe Routes To School (SRTS)</p> <p>Suppers Made Simple</p> <p>TEENS (Teens Eating for Energy and Nutrition at School)</p>	<p>Frameworks for Meaningful Student Involvement</p> <p>Improving the Health of Adolescents and Young Adults: A Guide for States and Communities</p> <p>SMART CHOICES: A Guide for Creating School-Business Partnerships for Healthy, Active, and Successful Students</p> <p>We Can! Ways to Enhance Children's Activity and Nutrition</p>	<p>Do More, Watch Less</p> <p>Media Smart Youth</p> <p>School Bus Media</p> <p>What Moves You</p>	<p>Adopt a comprehensive food policy that develops nutrition, health, and environmental guidelines for purchasing to ensure meals, snacks, vending machines, and a la carte food and beverages include healthy and sustainable choices</p> <p>Adopt educational materials (i.e. storybooks, coloring books) that contain positive references to healthy food and avoid educational/play materials that endorse products such as fast food or cookies</p> <p>Provide various physical activity options the reflect the interests and diversity of program attendees</p> <p>Complete the sidewalks and streets to support walking and biking in all communities</p> <p>Encourage regular physician communication and brief counseling regarding physical activity, eating habits, and breastfeeding</p> <p>Institute guidelines for fundraising that promote healthy foods or non-food methods</p> <p>Meet or exceed the requirements for minimum minutes of physical education</p> <p>Provide training to staff to lead activity sessions, prepare healthy food options, and model positive eating and activity behaviors</p> <p>Provide various physical activity options that reflect the interests and diversity of program attendees</p>

## Young Adults Ages 18-30

Nutrition and Physical Activity Programs	Community Involvement	Media Intervention	Public Policy
<p>5-A-Day Peer Education Program</p> <p><i>America on the Move</i></p> <p>Body and Soul</p> <p><i>Hearts 'N Parks</i></p> <p>Personal Empowerment Plan</p> <p><i>Places for Physical Activity: Facilitating Development of a Community Trail and Promoting Its Use to Increase Physical Activity Among Youth and Adults—An Action Guide</i></p> <p>Seattle 5-A-Day Program</p> <p><i>Sisters Together: Move More, Eat Better</i></p> <p>Stanford Nutrition Action Program (SNAP)</p> <p><i>Suppers Made Simple</i></p>	<p>Creating Communities for Active Aging: a Guide to Developing a Strategic Plan to Increase Walking and Biking by Older Adults in Your Community</p> <p><i>Improving the Health of Adolescents and Young Adults: A Guide for States and Communities</i></p> <p>Healthy People in Healthy Communities: A Community Planning Guide Using Healthy People 2010</p> <p><i>The Community Toolbox</i></p>	<p>Media Access Guide: A Resource for Community Health Promotion</p> <p><i>Promoting Active Living Communities</i></p> <p>Wheeling Walks</p>	<p>Attract supermarkets to underserved areas through financial and regulatory incentives</p> <p><i>Complete the sidewalks and streets to support walking and biking in all communities</i></p> <p>Connect locally grown food to local retail establishments</p> <p><i>Encourage regular physician communication and brief counseling regarding physical activity, eating habits, and breastfeeding</i></p> <p>Establish community gardening and agriculture initiatives</p> <p><i>Provide healthy food options for employees during the workday and at all meetings</i></p> <p>Provide training and incentives to small store owners in underserved areas to carry healthier food items, such as fresh produce</p> <p><i>Provide various physical activity options the reflect the interests and diversity of program attendees</i></p> <p>Reimburse employees for preventive health and wellness activities</p> <p><i>Support the ability to breastfeed at work by providing a comfortable, private space for employees</i></p>

## Adults Ages 30-59

Nutrition and Physical Activity Programs	Community Involvement	Media Intervention	Public Policy
<p>5-A-Day Peer Education Program</p> <p><i>America on the Move</i></p> <p>Body and Soul</p> <p><i>Hearts 'N Parks</i></p> <p>Personal Empowerment Plan</p> <p><i>Places for Physical Activity: Facilitating Development of a Community Trail and Promoting Its Use to Increase Physical Activity Among Youth and Adults—An Action Guide</i></p> <p>Seattle 5-A-Day Program</p> <p><i>Sisters Together: Move More, Eat Better</i></p> <p>Stanford Nutrition Action Program (SNAP)</p> <p><i>Suppers Made Simple</i></p>	<p>Creating Communities for Active Aging: A Guide to Developing a Strategic Plan to Increase Walking and Biking by Older Adults in Your Community</p> <p><i>Healthy People in Healthy Communities: A Community Planning Guide Using Healthy People 2010</i></p> <p>Improving the Health of Adolescents and Young Adults: A Guide for States and Communities</p> <p><i>The Community Toolbox</i></p>	<p>Media Access Guide: A Resource for Community Health Promotion</p> <p><i>Promoting Active Living Communities</i></p> <p>Wheeling Walks</p>	<p>Attract supermarkets to underserved areas through financial and regulatory incentives</p> <p><i>Complete the sidewalks and streets to support walking and biking in all communities</i></p> <p>Connect locally grown food to local retail establishments</p> <p><i>Encourage regular physician communication and brief counseling regarding physical activity, eating habits, and breastfeeding</i></p> <p>Establish community gardening and agriculture initiatives</p> <p><i>Provide healthy food options for employees during the workday and at all meetings</i></p> <p>Provide training and incentives to small store owners in underserved areas to carry healthier food items, such as fresh produce</p> <p><i>Provide various physical activity options the reflect the interests and diversity of program attendees</i></p> <p>Reimburse employees for preventive health and wellness activities</p> <p><i>Support the ability to breastfeed at work by providing a comfortable, private space for employees</i></p>

## Seniors Ages 60 and over


Nutrition and Physical Activity Programs	Community Involvement	Media Intervention	Public Policy
<p>America on the Move</p> <p>Healthy Eating for Successful Living in Older Adults</p> <p>Hearts 'N Parks</p> <p>Personal Empowerment Plan</p> <p>Places for Physical Activity: Facilitating Development of a Community Trail and Promoting Its Use to Increase Physical Activity Among Youth and Adults—An Action Guide</p> <p>Seattle 5-A-Day Program</p> <p>Suppers Made Simple</p>	<p>Creating Communities for Active Aging: A Guide to Developing a Strategic Plan to Increase Walking and Biking by Older Adults in Your Community</p> <p>Healthy People in Healthy Communities: A Community Planning Guide Using Healthy People 2010</p> <p>Improving the Health of Adolescents and Young Adults: A Guide for States and Communities</p> <p>The Community Toolbox</p>	<p>Media Access Guide: A Resource for Community Health Promotion</p> <p>Promoting Active Living Communities</p> <p>Wheeling Walks</p>	<p>Attract supermarkets to underserved areas through financial and regulatory incentives</p> <p>Complete the sidewalks and streets to support walking and biking in all communities</p> <p>Connect locally grown food to local retail establishments</p> <p>Encourage regular physician communication and brief counseling regarding physical activity, eating habits, and breastfeeding</p> <p>Establish community gardening and agriculture initiatives</p> <p>Provide healthy food options for employees during the workday and at all meetings</p> <p>Provide training and incentives to small store owners in underserved areas to carry healthier food items, such as fresh produce</p> <p>Provide various physical activity options the reflect the interests and diversity of program attendees</p> <p>Reimburse employees for preventive health and wellness activities</p> <p>Support the ability to breastfeed at work by providing a comfortable, private space to do so for employees</p>









## Appendix B: Recommended Programs Resource Guide




### Nutrition Education and Physical Activity Programs



Program Name:	<b>5 A Day Peer Education Program</b> 
Website:	<a href="http://rtips.cancer.gov/rtips/rtips_details.do?programid=50&amp;topicid=9&amp;co=n&amp;cg">http://rtips.cancer.gov/rtips/rtips_details.do?programid=50&amp;topicid=9&amp;co=n&amp;cg</a>
CHAMPION Age:	Young Adults 18-30 Adults 30-59
Target:	Work sites, Minority Groups
Cost:	Web-based resources -Train the trainer, \$0 downloadable training guide
Partners:	Local American Cancer Society
National Recommendations:	2005 Dietary Guidelines for Americans
Description:	The 5 A Day Peer Education program employs peer educators and their social networks to deliver nutrition education to co-workers in the workplace during the workday. Trained peer educators promote the 5 A Day message using their own informal methods of communicating and modeling dietary change, presenting their co-workers with a monthly booklet of information to help them make a transition to a healthier diet, and sharing gifts with their co-workers to remind and support them in dietary change efforts.
Impact:	Employees receiving the peer education program increased their total daily servings of fruits and vegetables compared to employees in the control arm by 1.01 servings.




Program Name:	<b>5 A Day Power Plus</b>  
Website:	<a href="http://rtips.cancer.gov/rtips/rtips_details.do?programid=43&amp;topicid=9&amp;co=N&amp;cg=">http://rtips.cancer.gov/rtips/rtips_details.do?programid=43&amp;topicid=9&amp;co=N&amp;cg=</a>
CHAMPION Age:	School Age 5-12
Target:	Schools
Cost:	4th-and 5th-grade curricula - Implementation Manual, \$0 downloadable - Teacher, student and parent materials, \$0 downloadable - Teacher and food service training manual, \$0 downloadable - Cafeteria line posters for 4th and 5th grade, \$0 downloadable Implement costs - Costs for paper/binder/supplies, \$8-\$10 per student - Taste testing/snack preparation sessions, \$8-\$10 per student
Partners:	Local School Division, Parent/Teacher Association
National Recommendations:	2005 Dietary Guidelines for Americans
Description:	5-a-Day Power Plus is a school-based, multi-component intervention aimed at increasing fruit and vegetable consumption among fourth- and fifth-grade students. The program seeks to increase fruit and vegetable consumption by concurrently affecting behavior change in the school, the home, and the community environment.
Impact:	Based on lunchroom observations, intervention students consumed more combined fruits and vegetables (.47 servings) and fruit (.30 servings) at lunch than control students. Intervention girls also increased lunchtime consumption of vegetables compared to control girls.




Program Name:	<b>America On the Move</b> 
Website:	<a href="http://aom.americaonthemove.org/site/c.krLXJ3PJKuG/b.1524889/k.BFFA/Home.htm">http://aom.americaonthemove.org/site/c.krLXJ3PJKuG/b.1524889/k.BFFA/Home.htm</a>
CHAMPION Age:	All Ages
Target:	Communities, Individuals, Families, Worksites, Faith-based Organizations, Health Professionals
Cost:	<p>Web-based resources</p> <ul style="list-style-type: none"> <li>- Registration, \$0</li> <li>- Programs, tools, and resources, \$0 downloadable</li> </ul> <p>Additional incentives</p> <ul style="list-style-type: none"> <li>-Buddy Pack (2 step counters, brochure), \$14.95</li> <li>-Step Counter (1 step counter, quick start brochure), \$24.95</li> </ul>
Partners:	YMCA
National Recommendations:	U.S. Department of Health and Human Service, 2008 Physical Activity Guidelines
Description:	America On the Move Foundation (AOM) is a national non-profit organization. The mission of AOM is to improve health and quality of life by promoting healthful eating and active living among individuals, families, communities and society. AOM provides free web-based programs, tools, and resources to individuals, families, groups and communities of all types and sizes. Healthy Virginians encourages state employees to participate in the AOM walking program and record individual daily walk and exercise routines.
Impact:	Results showed that families were able to significantly increase physical activity levels and adjust food intake. Compared to control families, both overweight children and parents in the study families successfully prevented weight gain.


Program Name:	<b>Body and Soul</b> 
Website:	<a href="http://bodyandsoul.nih.gov/index.shtml">http://bodyandsoul.nih.gov/index.shtml</a>
CHAMPION Age:	Young Adults 18-30 Adults 30-59
Target:	Faith-based organizations, Minority Groups
Cost:	<p>Web-based resources</p> <ul style="list-style-type: none"> <li>- Program Guide, \$0 downloadable</li> <li>- Peer Counseling Guide and Handbook, \$0 downloadable</li> <li>- Peer Counseling Training DVD, \$0 by order</li> <li>- Posters, handouts, educational tools, A Taste of 5 A Day Cookbook, \$0 downloadable</li> </ul> <p>Implementation Costs</p> <ul style="list-style-type: none"> <li>- Computer</li> <li>- Paper and supplies, \$20 per student</li> </ul>
Partners:	Local American Cancer Associations
National Recommendations:	2005 Dietary Guidelines for Americans
Description:	Body & Soul is a health program developed for African American churches. The program encourages church members to eat a healthy diet rich in fruits and vegetables every day for better health. Churches that embrace Body & Soul help their members take care of their bodies as well as their spirits.
Impact:	Participants assigned to the Body and Soul intervention group ate more fruits and vegetable per day than those in the other (control) group. Participants in the Body and Soul group also consumed fewer calories from fat, felt more motivated to eat fruits and vegetables.



Program Name:	<b>BodyWorks.</b>   
Website:	<a href="http://www.womenshealth.gov/bodyworks/toolkit/">http://www.womenshealth.gov/bodyworks/toolkit/</a>
CHAMPION Age:	School Age 5-12
Target:	Parents, Caregivers of Girls
Cost:	Web-based resources (to order by trainers only) - How to guides for parents and teens, \$0 downloadable - Food and fitness journals, Recipe Book, Weekly meal planner, Shopping lists, \$0 downloadable Implementation Costs - Attend Train-the-trainer session, \$ variable
Partners:	Local Schools, Local Department of Health, Healthcare systems
National Recommendations:	MyPyramid.gov
Description:	BodyWorks is a program designed to help parents and caregivers of young adolescent girls improve family eating and activity habits. Using the BodyWorks Toolkit, the program focuses on parents as role models and provides them with hands-on tools to make small, specific behavior changes to prevent obesity and help maintain a healthy weight.
Impact:	Preliminary evaluation indicates that parents changed their intentions towards physical activity and nutrition and were more likely to set physical activity and nutrition goals and help daughters make changes in eating habits. Parents also reported increased vegetable intake, increased exercise, and increased likelihood to overcoming perceived barriers to physical activity and nutrition. In addition, the girls surveyed responded positively to parental participation and were interested in their parents involved with them setting physical activity goals and preparing meals.




Program Name:	<b>Color Me Healthy.</b>  
Website:	<a href="http://www.colormehealthy.com/">http://www.colormehealthy.com/</a>
CHAMPION Age:	Preschool 0-5
Target:	Childcare centers, Schools
Cost:	Color Me Healthy Training - Training manuals: Sample training agendas, Marketing materials, CDs with all files, \$100/kit plus \$4 shipping - Training session: \$ variable Color Me Healthy Toolkits - English Kit: Teacher's Guide, 4 sets of Picture cards, 3 Classroom posters, CD with 7 original songs, Hand stamp, 2 Parent's posters, 14 reproducible Parent newsletters, \$80/kit for under 100 kits; - Spanish Kit: Picture cards, 1 Classroom posters, 2 Parent's posters, 13 reproducible Parent newsletters, \$25/ Spanish kit for under 100 kits
Partners:	Local Schools, Local Cooperative Extension
National Recommendations:	MyPyramid.gov
Description:	Color Me Healthy is a program developed to reach children ages 4 and 5 with fun, interactive learning opportunities on physical activity and healthy eating. It is designed to stimulate all of the senses of young children: touch, smell, sight, sound, and, of course, taste. Through the use of color, music, and exploration of the senses, Color Me Healthy teaches children that healthy food and physical activity are fun.
Impact:	92% of children using the Color Me Healthy program increased their physical activity and 93% increased their knowledge about healthy eating. 95% of childcare providers gave the program excellent/very good ratings.



Program Name:	<b>Eat Smart, Play Hard</b>   
Website:	<a href="http://www.fns.usda.gov/eatsmartplayhard/">http://www.fns.usda.gov/eatsmartplayhard/</a>
CHAMPION Age:	Preschool 0-5, School Age 5-12, Adolescents 12-18
Target:	Parents, Childcare centers, Schools, Caregivers, Preschoolers, After school programs
Cost:	<p>Web-based resources</p> <p>-For parents: Calorie Burner Chart,, lesson plans, and other materials, \$0 downloadable</p> <p>-For kids: Activity books, lesson plans, comics, and other materials, \$0 downloadable</p> <p>Implementation costs</p> <p>- Computer, Paper, supplies, \$10 per participant, \$ variable</p>
Partners:	United States Department of Agriculture, Local Virginia Cooperative Extension
National Recommendations:	2005 Dietary Guidelines for Americans, MyPyramid.gov, 2008 Physical Activity Guidelines
Description:	Eat Smart. Play Hard.™ encourages and teaches kids and adults to eat healthy and be physically active every-day. The program focuses on practical suggestions that will help motivate children and their caregivers to eat healthy and be active. Eat Smart. Play Hard.™ Campaign messages and materials are fun for children and informative for caregivers.
Impact:	Eat Smart, Play Hard was pilot tested to evaluate the program's effectiveness. 100% of participants, child and adult, reported that the program classes were very good or excellent. 91% of participants increased their vegetable consumption, increased water consumption and/or decreased consumption of soda and sports drinks.


Program Name:	<b>Girl Force</b>   
Website:	<a href="http://www.girlforce.org/">http://www.girlforce.org/</a>
CHAMPION Age:	School Age 5-12 Adolescent 12-18
Target:	Community centers
Cost:	<p>Implementation cost</p> <p>- Cost for training, variable</p>
Partners:	YMCA
National Recommendations:	U.S. Department of Health and Human Service- 2008 Physical Activity Guidelines
Description:	Girl Force is a health and fitness program for preteen and teen girls. The program promotes physical activity, healthy eating habits, positive body image, and smoking abstinence. The Girl Force Team at Vanderbilt Medical Center offers training workshops to interested group and individuals.
Impact:	Pilot studies on the effectiveness of the program indicated that girls who participated in Girl Force increased their weekly physical activity, ate healthier, improved body image and self-esteem, and became less inclined to try smoking after their experience with Girl Force.



Program Name:	<b>Girls on the Run (Girls on Track)</b> 
Website:	<a href="http://www.girlsontherun.org/default.html">http://www.girlsontherun.org/default.html</a>
CHAMPION Age:	School Age 5-12 Adolescent 12-18
Target:	After school centers, recreation and community centers
Cost:	Implementation cost Costs for training, variable
Partners:	
National Recommendations:	U.S. Department of Health and Human Service- 2008 Physical Activity Guidelines
Description:	Girls on the Run® encourages preteen girls to develop self-respect and healthy lifestyles through running. The corresponding curriculum addresses all aspects of girls' development - their physical, emotional, mental, social and spiritual well-being. Girls on the Run® is a life-changing, experiential learning programs for girls age eight to thirteen years old. The programs combine training for a 3.1 mile running event with self-esteem enhancing, uplifting workouts. Girls on the Run International establishes, trains, and supports a network of community-level councils with local volunteers. The volunteers serve as role models to the girls through coaching the 12-week, 24 lesson curricula. The curriculum is delivered in these areas through after-school programs, recreation centers and other non-profit settings.
Impact:	Girls on the Run participants significantly improved self-esteem and body size satisfaction.

Program Name:	<b>Healthy Eating for Successful Living in Older Adults</b>  
Website:	<a href="http://www.ncoa.org/downloads/modelprogramshealthyeating.pdf">http://www.ncoa.org/downloads/modelprogramshealthyeating.pdf</a>
CHAMPION Age:	Seniors 60 and over
Target:	Adult care centers, Faith based organizations
Cost:	Peer Leader Training - Agencies implementing the Healthy Eating program are responsible for training the peer leaders. - Peer leader instruction manual, \$0 downloadable - Materials, \$100/training Program Materials - Peer leader instructor manual, \$0 downloadable - Materials, \$100/session
Partners:	Local Center for Healthy Aging, National Council on Aging, John A. Hartford Foundation
National Recommendations:	MyPyramid.gov
Description:	Healthy Eating for Successful Living in Older Adults is a program for seniors wanting to learn more about nutrition and how lifestyle changes can promote better health. The focus of this program is to stress heart and bone healthy nutrition strategies to help maintain or improve participants' wellness and independence and prevent chronic disease development or progression. It is an educational and hands-on program using the Food Guide Pyramid as a framework. The program also includes recommendations and support for physical activity in conjunction with sound nutrition practices.
Impact	In the Healthy Eating pilot program, participants reported healthier eating habits in general and many reported that changes in eating behaviors had resulted in lowering of blood pressure and cholesterol, along with weight loss or weight maintenance.




Program Name:	Hearts 'N Parks   Scorecard 
Website:	<a href="http://www.nhlbi.nih.gov/health/prof/heart/obesity/hrt_n_pk/index.htm">http://www.nhlbi.nih.gov/health/prof/heart/obesity/hrt_n_pk/index.htm</a>
CHAMPION Age:	All Ages
Target:	Worksites, Faith-based organizations
Resource Needs	Hearts N' Parks Community Mobilization Guide (312 pages), \$0 downloadable -Ordered copy, \$12.50 each Welcome to Hearts 'N Parks Video \$0 downloadable -Ordered copy, \$12.50 each, \$0 downloadable
Partners:	Parks and Recreation, American Heart Association
National Recommendations:	Healthy People 2010
Description:	Hearts N' Parks is a national, community-based program supported by the <a href="#">National Heart, Lung, and Blood Institute (NHLBI)</a> and the <a href="#">National Recreation and Park Association (NRPA)</a> . It is designed to help park and recreation agencies encourage heart-healthy lifestyles in their communities. This program aims to reduce the growing trend of obesity and risk of coronary heart disease by encouraging Americans of all ages to aim for a healthy weight, follow a heart-healthy eating plan, and engage in regular physical activity. The American Dietetic Association also works with Hearts N' Parks to provide expertise on heart-healthy nutrition.
Impact:	Participants demonstrated significant improvement in their knowledge of healthy heart eating, attitudes, self-reported behavior and physical activity after completing the program.




Program Name:	I am Moving, I am Learning (IMIL)  Scorecard 
Website:	<a href="http://www.choosykids.com/CK2/">http://www.choosykids.com/CK2/</a>
CHAMPION Age:	Preschool 0-5 School Age 5-12
Target:	WIC Clinics, Childcare centers, Head Start, Schools
Cost:	IMIL Resource Binders - Presentations and copies, \$10 each - Ordered resources and copies, \$15 IMIL materials (Prices will vary based on the number ordered_ - 3 available CDs, \$10 each - Pens, \$1 each - Posters and mini posters, \$10
Partners:	Department of Education, Local Health Departments
National Recommendations:	Dietary Guidelines for Americans, MyPyramid.gov, 2008 Physical Activity Guidelines
Description:	I am Moving, I Am Learning (IMIL) introduces multidisciplinary teams to the science of obesity prevention and best practices for addressing the growing child obesity epidemic in an intentional and purposeful manner. IMIL provides strategies and resources for infusing quality physical movement and healthy nutrition choices within their familiar curriculum approaches and daily classroom routines.
Impact:	In an IMIL pilot study, children significantly increased MVPA, and children who were previously inactive had become more physically active.



Program Name:	<b>Keep Me Healthy 5 2 1 0</b> 
Website:	<a href="http://www.mcph.org/Major_Activities/KeepMEHealthy.htm">http://www.mcph.org/Major_Activities/KeepMEHealthy.htm</a>
CHAMPION Age:	Preschool 0-5
Target:	Health care providers, Medical centers
Cost:	Implementation costs - Web-based materials, \$0 downloadable
Partners:	
National Recommendations:	2008 Physical Activity Guidelines
Description:	5-2-1-0 is an easy way to remember some basic health tips that are good for every member of your family. There is a scientific rationale supporting each component of the 5-2-1-0 message. It has been used in doctors' offices in Maine for the past three years and has been used in school settings for the past one and a half years. The 5-2-1-0 message is an easy way to begin an open discussion about the ways to increase physical activity and healthy eating. The targets for this toolkit stress 5 or more servings of fruits & vegetables 2 hours or less recreational screen time 1 hour or more of physical activity and 0 sugary drinks, more water & low fat milk.
Impact:	An evaluation report of surveys given to medical professionals on the effectiveness of the Michigan Youth Overweight Collaborative pilot program found that MYOC strategies were successful. Notably, health care providers cited many examples of successful weight loss in their patients using the 5-2-1-0 messages.



Program Name:	<b>Kids Gardening, Nourishing Choices: Implementing Food Education in Classrooms, Cafeterias, and Schoolyards</b>  
Website:	<a href="http://www.kidsgardening.com/Dig/dig.taf">http://www.kidsgardening.com/Dig/dig.taf</a> ; <a href="http://www.kidsgardening.com">www.kidsgardening.com</a>
CHAMPION Age:	School Age 5-12 Adolescent 12-18
Target:	Schools
Cost:	Implementation costs - Nourishing Choices book, \$21.95 - Gardening costs, variable costs
Partners:	Department of Education, Virginia Cooperative Extension
National Recommendations:	
Description:	Nourishing Choices offers a roadmap for developing a food education program while exciting children about healthful eating. This new book from the National Gardening Association features details on ensuring sustainability, and profiles of model school- and district-based initiatives of all sizes and "flavors." It also outlines novel and systematic strategies for developing food education programs, from schoolyard gardens and classroom cooking lessons to district-wide farm-to-cafeteria programs that bring local produce to the lunch line.
Impact:	The National Gardening Association conducted an evaluation of the impact of their youth gardening programs and reported 94% positive feedback from child and adult participants. Program leaders observed 86% improvement in participants' attitudes toward school and 69% improvement in nutritional attitudes.





Program Name:	<b>Middle School Physical Activity and Nutrition (MSPAN),</b> <b>SPARK (Sports, Play, and Active Recreation for Kids)</b>   
Website:	<a href="http://www.sparkpe.org/">http://www.sparkpe.org/</a>
CHAMPION Age:	School Age 5-12 Adolescent 12-18
Target:	School Physical Education Classes
Cost:	Training - Staff Development, \$2,699.00 + Curricula, Transportation, and Equipment Implementation costs - SPARK Curriculum, \$149.99 each - SPARKFolio, \$149.99 each - SPARK music CD, \$49.99 each
Partners:	School, Parent/Teacher Association
National Recommendations:	U.S. Department of Health and Human Service- 2008 Physical Activity Guidelines
Description:	The Middle-School Physical Activity and Nutrition (M-SPAN) intervention is designed to increase physical activity, encourage healthy eating, and decrease body mass in boys and girls in middle school. The program includes both physical activity and nutrition components. The development and evaluation of M-SPAN resulted in the creation of a curriculum called SPARK (Sports, Play, and Active Recreation for Kids), that is presented in a manual and is currently available to school systems along with training and consultation services.
Impact:	Researchers at the University of California at San Diego studied the effects of the SPARK physical education program on the physical activity and fitness of elementary school students. Students who were instructed by physical education specialists spent more time being physically active than students who were instructed by a trained classroom teacher.


Program Name:	<b>Pathways</b>   
Website:	<a href="http://hsc.unm.edu/pathways/introduc/introd.htm">http://hsc.unm.edu/pathways/introduc/introd.htm</a>
CHAMPION Age:	School Age 5-12
Target:	School, Minority, Family
Cost:	Web-based resources - 3 <sup>rd</sup> , 4 <sup>th</sup> , 5 <sup>th</sup> , grade curriculum and curriculum procedures manual, \$0 downloadable - Supplementary teaching tools and Evaluation questionnaire, \$0 downloadable Implementation costs - Computer - Paper, supplies, \$20/ participant
Partners:	Schools, After school programs
National Recommendations:	MyPyramid.com, U.S. Department of Health and Human Service- 2008 Physical Activity Guidelines
Description:	Pathways, a research study funded by the National Heart, Lung, and Blood Institute, is a school-based health promotion program that includes physical activity, nutrition, classroom curriculum, and family involvement. The primary purpose of the Pathways study is to prevent obesity among American Indian children by promoting increased physical activity and healthful eating behaviors.
Impact:	Participants in an intervention study showed significant, positive changes in knowledge, attitudes and behaviors and participants' total energy intake was significantly reduced.



Program Name:	<b>Personal Empowerment Plan</b>  
Website:	<a href="http://www.cdc.gov/nccdphp/dnpa/pep.htm">http://www.cdc.gov/nccdphp/dnpa/pep.htm</a>
CHAMPION Age:	Young Adults 18-30 Adults 30-59 Seniors over 60
Target:	Worksites
Cost:	Implementation costs - Coordinators guide, Print-ready materials, CD-ROM, \$45 - Computer - Paper, supplies
Partners:	Local Health Department
National Recommendations:	U.S. Department of Health and Human Service- 2008 Physical Activity Guidelines
Description:	Personal Empowerment Plan (PEP) is a strategy for work sites to promote healthy eating and moderate physical activity. The Coordinator's Guide will walk you through the PEP Steps to implementing a wellness program: planning, promoting, implementing, and evaluating. PEP includes a Coordinator's Guide, a CD of print-ready PDF tools, including the PEP logo for use on participant materials and handouts. Also, included is a Stage of Change Test to match workbooks to each employee's starting point.
Impact:	According to formative research completed for the original version of PEP, the predominant barriers faced by individuals changing their health behaviors were lack of energy and lack of time. PEP addressed these barriers by providing simple ways for individuals to eat healthier foods and increase physical activity as part of their daily lives.


Program Name:	<b>Places for Physical Activity: Facilitating Development of a Community Trail and Promoting Its Use to Increase Physical Activity Among Youth and Adults—An Action Guide.</b>  
Website:	<a href="http://www.prevent.org/content/view/142/173/">http://www.prevent.org/content/view/142/173/</a>
CHAMPION Age:	All Ages
Target:	Community
Cost:	Web-based resources - Action Guide, \$0 downloadable Implementation costs - Personnel: Project coordinator, Administrative staff, Working group members, \$ variable - Materials: Materials for interviews, surveys, and other modes of evaluation, \$ variable - Evaluation resources, \$ variable
Partners:	Local Health Departments, Parks and Recreation, Department of Transportation, Law Enforcement, Local Chamber of Commerce
National Recommendations:	U.S. Department of Health and Human Service- 2008 Physical Activity Guidelines
Description:	This Action Guide focuses on assisting local public health practitioners in creating physical activity opportunities for residents through facilitating community trail development and promoting its use among youth and adults. Community trails provide unique opportunities to accommodate various forms of physical activity.
Impact:	Among persons who used trails at baseline (16.9% of the total population), 32.1% reported increases in physical activity since they began using the trail.



Program Name:	<b>Project GAIN (Golf: Accessible and Inclusive Networks)</b> 
Website:	<a href="http://accessgolf.org/gain/index.cfm">http://accessgolf.org/gain/index.cfm</a>
CHAMPION Age:	School Age 5-12 Adolescent 12-18
Target:	Individuals with disabilities, YMCA, Community Centers
Cost:	Web-based resources - Toolkit for golfers/Toolkit for golf course owners, \$0 downloadable Implementation costs - Equipment including golf cart, golf clubs, course fees, \$ variable - Mentor costs, \$ variable
Partners:	Virginia Disability Services Council, Community recreation, YMCAs, YWCAs, and Girl's and Boy's Clubs
National Recommendations:	U.S. Department of Health and Human Service- 2008 Physical Activity Guidelines
Description:	Through GAIN™ and other programs, the Alliance promotes inclusion and awareness to the golf industry, golf instructors, and the public. GAIN™ couples community programs and other resources to provide opportunities for people with disabilities to become involved in the game of golf.
Impact:	Participants in the GAIN™ program displayed statistically significant increases in self-efficacy, future intentions to play golf and active engagement outside of lessons.


Program Name:	<b>Safe Routes to School</b> 
Website:	<a href="http://www.vdot.virginia.gov/programs/ted_Rt2_school_pro.asp#ref">http://www.vdot.virginia.gov/programs/ted_Rt2_school_pro.asp#ref</a>
CHAMPION Age:	School Age 5-12 Adolescent 12-18
Target:	Schools, After school centers
Cost:	Web-based resources - Virginia School Travel Plan Worksheet and Resource Guide, \$0 downloadable Implementation costs - Constructing sidewalks, installing bicycle parking at transit stations, teaching children to ride and walk safely, installing curb cuts and ramps for wheelchairs, striping bicycle lanes, and building trails, \$ variable
Partners:	School, Parent/Teacher Association, Local police department, Department of public works, Local Politicians
National Recommendations:	U.S. Department of Health and Human Service- 2008 Physical Activity Guidelines
Description:	The Virginia School Travel Plan is created through a team-based process that identifies the barriers to biking and walking and formulates a set of solutions to address them. The School Travel Plan is developed in consultation with the whole school community and is an important tool in improving student and community health, safety, traffic congestion and air quality. It is the first step in preparing schools to make important changes in their school travel environments.
Impact:	Results suggest that SRTS projects in urban areas can improve the walking and bicycling environment for adults as well as for children, the target users. Investment in SRTS can contribute to increased physical activity among children and adults.

Program Name:	<b>Seattle 5-A-Day</b> 
Website:	<a href="http://rtips.cancer.gov/rtips/rtips_details.do?programid=27&amp;topicid=9&amp;co=n&amp;cg=#Program">http://rtips.cancer.gov/rtips/rtips_details.do?programid=27&amp;topicid=9&amp;co=n&amp;cg=#Program</a>
CHAMPION Age:	Young Adults 18-30 Adults 30-59 Seniors over 60
Target:	Worksites
Cost:	Web-based resources - Intervention manual, questionnaire, posters, additional tools, \$0 downloadable Implementation costs - CD-ROM, \$0 per order - Taste test materials, \$50
Partners:	Local Cancer Society
National Recommendations:	Dietary Guidelines for Americans, MyPyramid.gov
Description:	The Seattle 5-a-Day program is designed for worksites to increase fruit and vegetable consumption. The program's intervention strategies are developed around the stages of change model, addressing the work environment and the individual-level behavior change. Seattle 5-a-Day's protocol defines a general structure for organizing the worksite, for implementing the individualized intervention activities, and for documenting the process.
Impact:	A Seattle 5-A-Day work-site community-based intervention found that employees who used the program's informational materials increased their intake of fruits and vegetables.

Program Name:	<b>Sisters Together: Move More, Eat Better</b>  
Website:	<a href="http://win.niddk.nih.gov/sisters/index.htm">http://win.niddk.nih.gov/sisters/index.htm</a>
CHAMPION Age:	Young Adult 18-30 Adult 30-50
Target:	Faith-based organizations, Worksites, Minority, Recreation centers, YWCA
Cost:	Web-based resources - Program guide, \$0 downloadable - Brochures, program fact sheets, \$0 downloadable Implementation costs - Computer - Paper, supplies, meeting spaces, etc - Newspaper advertisements, \$ variable
Partners:	YWCA, Local Heart Association, Local Diabetes Association
National Recommendations:	U.S. Department of Health and Human Service- 2008 Physical Activity Guidelines
Description:	Sisters Together: Move More, Eat Better is a national initiative of the Weight-control Information Network (WIN) designed to encourage Black women to maintain a healthy weight by becoming more physically active and eating healthier foods. The Sisters Together planning guide and kit are designed to help individuals and organizations plan, promote, implement, and evaluate community health awareness programs to prevent Black women from becoming overweight.
Impact:	The qualitative research confirmed the fact that women in the community understand what constitutes a healthy lifestyle, but need skill-building activities to incorporate the general concepts into their own lives. Finally, it further described the importance of cultural factors to the women in the community and suggested that the campaign should celebrate the culture, not provide alternatives to it.

Program Name:	<b>Stanford Nutrition Action Program (SNAP)</b> 
Website:	<a href="http://hprc.stanford.edu/pages/store/itemDetail.asp?28">http://hprc.stanford.edu/pages/store/itemDetail.asp?28</a>
CHAMPION Age:	Young Adults 18-30 Adults 30-59
Target:	Worksites, Faith-based organizations, Family
Cost:	Implementation costs - Curriculum binder, posters, index cards, \$50 - Meeting room for 6 weeks, \$ variable - Paper, supplies, taste-testing, \$ variable
Partners:	Local Literacy Organization, Public Library, Local American Cancer Society
National Recommendations:	Dietary Guidelines for Americans, MyPyramid.gov
Description:	SNAP consists of a 6-week classroom-based intervention (90 minutes per session) followed by a 12-week maintenance intervention. Classroom lessons cover the major sources of dietary fat, the food guide pyramid, food label reading, and low-fat eating when away from home. Central to the lessons is the link between low-fat eating and the prevention of heart disease. Participants engage in small- and large-group activities, interactive discussions, skill-building tasks, food-tasting, and demonstrations. Many practical shopping and cooking tips are included. The 12-week maintenance intervention includes participant contact by telephone or by mail every 2 weeks, and provides support and encouragement to continue a low-fat diet.
Impact:	Results from a study of SNAP showed that adults who participated in SNAP, as opposed to an existing general nutrition program, showed significantly greater improvement in nutrition knowledge, attitudes and self-efficacy, and significantly reduced caloric intake from total and saturated fats.

Program Name:	<b>Suppers Made Simple</b>  
Website:	<a href="http://www.ext.vt.edu/vce/fcs/childfitness/suppersmadesimple.html">http://www.ext.vt.edu/vce/fcs/childfitness/suppersmadesimple.html</a>
CHAMPION Age:	All Ages
Target:	Parents, Children, Caregivers
Cost:	Web-based resources - Physical activities and nutrition materials, \$0 downloadable Implementation costs - Equipment: Kitchen, Basic cooking equipment, Dining area, tables, Outside grounds, \$ variable - Food, paper products and special utensils, \$360/ session for 6 sessions
Partners:	Virginia Cooperative Extension
National Recommendations:	Dietary Guidelines for Americans, U.S. Department of Health and Human Service- 2008 Physical Activity Guidelines
Description:	Suppers Made Simple is a family-oriented learning program focused on providing an environment in which family members can discover positive ways of learning and working together towards nutrition and fitness. The goal of the program is to improve the health of families by teaching simplified meal preparation and planning skills, by encouraging families to prepare and eat meals together, and for families to be physically active together. Additional program goals are to teach methods of food preparation to decrease the use of convenience foods, increase the number of meals eaten at home, and increase the number of fruits and vegetables offered at each meal.
Impact:	90% of adults reported positive behavioral changes as a result of participating in the program, including planning and eating more meals at home, eating more fruits and vegetables, and involving children more in meal preparation.

Program Name:	<b>Teens Eating for Energy and Nutrition at School (TEENS)</b> 
Website:	<a href="http://www.epi.umn.edu/cyhp/r_teens.htm">http://www.epi.umn.edu/cyhp/r_teens.htm</a>
CHAMPION Age:	Adolescent 12-18
Target:	Middle School Health or Physical Education Classes
Cost:	Web-based resources - Curriculum manual and materials, \$0 downloadable - “Food for Dudes” audio clips, \$0 downloadable - 7 <sup>th</sup> and 8 <sup>th</sup> grade parent packs, \$0 downloadable Implementation costs - Computer - Paper, supplies - Materials for snack preparation
Partners:	School, Parent/Teacher Association
National Recommendations:	U.S. Department of Health and Human Service- 2008 Physical Activity Guidelines
Description:	Teens Eating for Energy and Nutrition at School (TEENS) is a school-based intervention intended to increase students' intake of fruits, vegetables, and lower fat foods. The theory-based program consists of classroom school -wide, and family components implemented in the seventh and eighth grades.
Impact:	A 2 year TEENS intervention study found that participants made better food choices at the end of the intervention, choosing lower versus higher fat foods. Recommendations were made for strengthening the intervention through use of peer leaders and more intensive teacher training.

### Community Involvement Toolkits

Program Name:	<b>Community Action Kit for Protecting, Promoting, and Supporting Breastfeeding</b>
Website:	<a href="http://www.dshs.state.tx.us/wichd/bf/pdf/Community%20Action%20Kit.pdf">http://www.dshs.state.tx.us/wichd/bf/pdf/Community%20Action%20Kit.pdf</a>
CHAMPION Age:	Maternal/Conception Preschool 0-5
Target:	Healthcare, Faith-based organizations, Early childcare, Community groups
Cost:	Web-based resources - Community Action Kit, \$0 downloadable
Partners:	Local Department of Health, Local WIC Program, Hospitals, La Leche League, Midwife and Doula organizations, Local Extension Office, Head Start Staff, Chamber of Commerce
National Recommendations:	American Academy of Pediatrics Breastfeeding Recommendations
Description:	The purpose of this kit is to enable communities to increase initiation, exclusivity, and duration of breastfeeding in order to improve public health. Practical tools are given for assessing and addressing specific needs and issues affecting breastfeeding families in the community. Specific “how-to” steps will help to: build a coalition, assess the breastfeeding needs of the community, utilize available resources, and mobilize the community to protect, promote and support breastfeeding.

Program Name:	<b>Creating Communities for Active Aging: a Guide to Developing a Strategic Plan to Increase Walking and Biking by Older Adults in Your Community</b>
Website:	<a href="http://www.subnet.nga.org/ci/assets/PFPActiveAging.pdf">http://www.subnet.nga.org/ci/assets/PFPActiveAging.pdf</a>
CHAMPION Age:	Adults 30-59 Seniors over 60
Target:	Community groups
Cost:	Web-based resources -Guide to strategic plan, \$0
Partners:	Parks and Recreation, Department of Transportation, Local Health Department, Faith-based organizations, Local Area Agency on Aging
National Recommendations:	U.S. Department of Health and Human Service- 2008 Physical Activity Guidelines
Description:	This document is a guide useful in creating a strategic plan to engage the older adults in the community to be more physically active. The guide contains goals for the community group’s plan, strategies to gain input from others, and a catalog of ideas and strategies for encouraging increased activity for older adults.

Program Name:	<b>Frameworks for Meaningful Student Involvement</b>
Website:	<a href="http://www.soundout.org/frameworks.html">http://www.soundout.org/frameworks.html</a>
CHAMPION Age:	School Age 5-12 Adolescent 12-18
Target:	Schools, Educators
Cost:	Web-based resources  - Guide to Students as Partners in School Change, \$0, downloadable  - Additional resources including: Stories of Meaningful Student Involvement, Meaningful Student Involvement Resource Guide, and Meaningful Student Involvement Guide to Inclusive School Change, \$0 downloadable
Partners:	Department of Education
National Recommendations:	Healthy People 2010
Description:	This is a series of essential tips, outlines, rubrics and other devices meant to explore the depth, breadth and purpose of engaging students as partners in school change. Highlighting a practical framework, important considerations, and real-world examples, the Guide is all about engaging students throughout education. Recommended for anyone interested in student voice, student empowerment, student engagement, or building community in schools.

Program Name:	<b>Healthy People in Healthy Communities: A Community Planning Guide Using Healthy People 2010</b>
Website:	<a href="http://www.healthypeople.gov/Publications/HealthyCommunities2001/healthycom01hk.pdf">http://www.healthypeople.gov/Publications/HealthyCommunities2001/healthycom01hk.pdf</a>
CHAMPION Age:	Young Adults 18-30 Adults 30-59 Seniors over 60
Target:	Community
Cost:	Web-based resources -Toolkit, \$0 downloadable
Partners:	Department of Education, Parks and Recreation, Department of Transportation, Local Health Department, Faith-based organizations
National Recommendations:	Healthy People 2010
Description:	<i>Healthy People in Healthy Communities: A Community Planning Guide Using Healthy People 2010</i> , is a guide for building community coalitions, creating a vision, measuring results, and creating partnerships dedicated to improving the health of a community. It also includes “Strategies for Success” and hints for using Healthy People 2010 in Virginia’s communities.



Program Name:	<b>Improving the Health of Adolescents and Young Adults: A Guide for States and Communities</b>
Website:	<a href="http://www.cdc.gov/HealthyYouth/AdolescentHealth/Guide/order.htm">http://www.cdc.gov/HealthyYouth/AdolescentHealth/Guide/order.htm</a>
CHAMPION Age:	Adolescent 12-18 Young Adult 18-30
Target:	Community groups
Cost:	Implementation costs  - CD-ROM of <i>Improving the Health of Adolescents &amp; Young Adults: A Guide for States and Communities</i> , \$0 to order
Partners:	Department of Education, Parks and Recreation, Department of Transportation, Local Health Department, Faith-based organizations
National Recommendations:	Healthy People 2010
Description:	This guide is a companion to Healthy People 2010, the comprehensive national health promotion and disease prevention agenda of the U.S. Department of Health and Human Services. It provides guidance on creating successful health programs for adolescents and young adults, covering topics such as coalition building, needs-and-assets assessment, priority-setting, as well as program planning, implementation and evaluation. The document also presents guiding principles, effective strategies, case studies, practical tools, and links to resources for comprehensive adolescent health programs.

Program Name:	<b>SMART CHOICES: A Guide for Creating School-Business Partnerships for Healthy, Active and Successful Students</b>
Website:	<a href="http://www.corpschoolpartners.org/guide.shtml">http://www.corpschoolpartners.org/guide.shtml</a>
CHAMPION Age:	School Age 5-12 Adolescent 12-18
Target:	School personnel, Community Leaders, Businesses, Parent/Teacher Association
Cost:	Web-based resources -Smart Choices Guide, \$0 downloadable -Additional resources including worksheets, evaluation tools, etc, \$0 downloadable
Partners:	Department of Education, Local Chamber of Commerce, Local businesses
Description:	The How-To Guide is designed for school officials and business leaders who are interested in engaging in school-business partnerships. Partnership programs can encompass a wide variety of activities that may involve staff development, curriculum development, policy development, instructional development, guidance, mentoring, tutoring, incentives and awards, or they may provide material and financial resources. Though the types of partnership activities can vary, the common goal of virtually all school-business partnerships is to improve the academic, social or physical well-being of students.

Program Name:	<b>The Community Toolbox</b>
Website:	<a href="http://ctb.ku.edu/en/">http://ctb.ku.edu/en/</a>
CHAMPION Age:	Young Adults 18-30 Adults 30-59 Seniors over 60
Target:	Community Leaders
Cost:	Web-based resources - Toolkit, \$0 downloadable Implementation cost - Computer - Staff time
Partners:	Department of Education, Parks and Recreation, Department of Transportation, Local Health Department, Faith-based organizations
Description:	<i>The Community Toolbox</i> is an online tool kit for community-based skill-building information. The core of this site is the “how-to tools,” which include topics such as how to run a focus group, how to write a press release, and other helpful links for starting a community coalition.

Program Name:	<b>We Can! Ways to Enhance Children’s Activity and Nutrition</b>
Website:	<a href="http://www.nhlbi.nih.gov/health/public/heart/obesity/wecan_mats/toolkit.htm">http://www.nhlbi.nih.gov/health/public/heart/obesity/wecan_mats/toolkit.htm</a>
CHAMPION Age:	School Age 5-12, Adolescent 12-18
Target:	Children, Parents
Cost:	Web-based resources - Community and Parent toolkit, \$0 downloadable - Parent handbook, \$0 downloadable - We Can! promotional video and presentation, \$0 downloadable Implementation costs -Power Up calls, \$0 call in -Regional training cost, variable
Partners:	Local Cancer Society, Local Health Department, Department of Education
Description:	We Can! is a national education program designed for parents and caregivers to help children 8-13 years old stay at a healthy weight. Parents and caregivers are the primary influencers for this age group. We Can! offers parents and families tips and fun activities to encourage healthy eating, increase physical activity and reduce sedentary or screen time. It also offers community groups and health professionals resources to implement programs and fun activities for parents and youth in communities around the country.
Impact:	An outcome and process evaluation of We Can! indicated that youth participants demonstrated improvement in food knowledge and attitudes, healthy eating behaviors and physical activity attitudes. Parents showed improvement for knowledge of, and attitudes toward, physical activity and nutrition.


### Media Intervention


Program Name:	<b>Do More, Watch Less</b>
Website:	<a href="http://www.cnr.berkeley.edu/cwh/PDFs/news/COPI_TV_Tool.pdf">http://www.cnr.berkeley.edu/cwh/PDFs/news/COPI_TV_Tool.pdf</a>
CHAMPION Age:	School Age 5-12 Adolescents 12-18
Target:	After School Programs, Tweens, Parents
Cost:	Web-based resources - Curriculum-based lesson plans, \$0 downloadable Implementation costs - Computer - Paper, flip chart, markers, additional supplies - Prizes if desired
Partners:	Parks and Recreation
National Recommendations:	
Description:	Do More, Watch Less is a toolkit for after school programs and youth serving organizations to encourage tweens to incorporate more screen-free activities into their lives while reducing the time they spend watching TV, surfing the internet, and playing video games.
Intervention Impact:	Studies show that television watching is strongly linked to overweight in children, and that decreasing the amount of time spent in front of the television can help children reach and maintain a healthy weight.

Program Name:	<b>Media Access Guide: A Resource for Community Health Promotion</b>
Website:	<a href="http://www.cdc.gov/steps/resources/pdf/StepsMAG.pdf">http://www.cdc.gov/steps/resources/pdf/StepsMAG.pdf</a>
CHAMPION Age:	Young Adults 18-30 Adults 30-50 Seniors over 60
Target:	
Cost:	Web-based resources -Downloadable Resource, \$0 - Samples of Radio, Television, and Print Media, \$0 Implementation costs - Computer, Paper, supplies - Radio, Print, Television costs if PSAs desired
Partners:	Local Chamber of Commerce, Local media
National Recommendations:	MyPyramid.com
Description:	This guide teaches current techniques used by media relations practitioners and provides useful templates to perform the essential tasks. The guide provides information on: Who to contact in the media, How to contact them, How to maintain open lines of communication, How to successfully deliver your messages to the intended audiences, and How to translate your media relations effort into media advocacy.
Intervention Impact:	Studies indicate that engaging the media to promote health messages is the most efficient way to communicate with the largest audience in the least amount of time.


Program Name:	<b>Media Smart Youth</b>
Website:	<a href="http://www.nichd.nih.gov/msy/msy.htm">http://www.nichd.nih.gov/msy/msy.htm</a>
CHAMPION Age:	School Age 5-12 Adolescent 12-18
Target:	Schools, After school programs
Cost:	Web-based resources - Facilitators Guide, 10 lesson after school programs, \$0 downloadable - Pre- and post-curriculum optional activities, \$0 downloadable - 6 Media Questions Poster, \$0 downloadable - Video/DVD supplement, \$0 to order Implementation costs - Computer - Video camera, \$250
Partners:	Department of Education, National Institute of Child Health and Human Development (NICHD), U.S. Department of Health and Human Services (DHHS) National Youth Media Campaign
Description:	Media-Smart Youth: Eat, Think, and Be Active! (MSY) is a 10-lesson that focuses on helping young people ages 11 to 13 understand the connections between media and health. The program uses nutrition and physical activity examples to help youth learn about these connections and build their media analysis skills. Media-Smart Youth brings together a mix of learning formats, including brainstorming, small- and large-group discussions, games, and creative productions.
Intervention Impact:	The Media-Smart Youth messages reinforce positive behaviors in youth, like physical exercise and healthy eating.


Program Name:	<b>School Bus Media</b>
Website:	<a href="http://www.schoolbusmedia.com/Index.html">http://www.schoolbusmedia.com/Index.html</a>
CHAMPION Age:	School Age 5-12 Adolescent 12-18
Target:	School
Cost:	Web-based resources -\$0, downloadable
Partners:	Department of Education, Insurance Companies
Description:	School Bus Media provides an advertising vehicle for sponsors to reach students as they commute to and from school and provide positive messages on the fight against obesity. This program will create an opportunity to deliver the positive messages from sponsors/advertisers on the benefits of proper nutrition and physical activity while providing additional revenue to the School District without cost or investment in the program.
Intervention Impact:	Positive messages promote student awareness of the obesity epidemic and prevention strategies.


Program Name:	<b>What Moves You</b> 
Website:	<a href="http://www.americanheart.org/presenter.jhtml?identifier=3061814">http://www.americanheart.org/presenter.jhtml?identifier=3061814</a>
CHAMPION Age:	School Age 5-12 Adolescent 12-18
Target:	Schools
Cost:	Web-based resources - Registration, \$0 - Curriculum-based lesson plans, \$0 downloadable Implementation costs - Computer, Paper, supplies
Partners:	Department of Education, American Heart Association
National Recommendations:	U.S. Department of Health and Human Service- 2008 Physical Activity Guidelines
Description:	Created by the National Football League and the American Heart Association, What Moves U is a national campaign to inspire kids to become more physically active. What Moves You includes an activation kit for middle schools with curriculum-based activity sheets that are easy to weave into daily lesson plans for science, language arts, social studies, math and physical education, schools posters with NFL players and kids, and tips on how to increase physical activity in the classroom and school-wide.
Impact:	Recommendations based on evidence related to health factors including: adiposity, type-2 diabetes, cardiovascular health and fitness, bone health, metabolic syndrome, mental health, and asthma call for school age children to participate daily in 60 or more minutes of moderate to vigorous physical activity that is developmentally appropriate, enjoyable, and involves a variety of activities.


Program Name:	<b>Wheeling Walks</b> 
Website:	<a href="http://www.wheelingwalks.org/index.asp">http://www.wheelingwalks.org/index.asp</a>
CHAMPION Age:	Adults 30-50 Seniors over 60
Target:	Community
Cost:	Web-based resources -Training manual, \$0 downloadable Implementation costs -Local media and newspaper advertisements if desired -Computer
Partners:	Local Health Department, Local Media Outlets
National Recommendations:	U.S. Department of Health and Human Service- 2008 Physical Activity Guidelines
Description:	Wheeling Walks is a theory- and media-based community campaign that uses paid advertising to encourage walking among sedentary older adults. The programs' campaign activities include paid newspaper, TV, and radio advertising, weekly press conferences and new coverage, worksite programs, website exposure, and other public health education programs. The online toolbox provides information for health educators to increase physical activity in their communities.
Intervention Impact:	Program evaluation indicates that 30% of Wheeling's sedentary residents increased their walking to the recommended level, compared to 16% of residents in a control community. Thus, Wheeling experienced a 14% net increase in walking.


### Public Policy



Policy:	Adopt a comprehensive food policy that develops nutrition, health, and environmental guidelines for purchasing to ensure meals, snacks, vending machines, and a la carte food and beverages include healthy and sustainable choices. 
Impact:	At the end of the 2 years, a study that combined school self-assessment, nutrition policy, social marketing, nutrition education, and parent outreach strategies found that schools with these interventions had half the obesity rate of control schools.
Associated Toolkit for Implementation:	Center for Science and the Public Interest: School Foods Kit
Website:	<a href="http://www.cspinet.org/schoolfoodkit/">http://www.cspinet.org/schoolfoodkit/</a>
Cost:	Web-based resources: - School Foods Kit, \$0 downloadable - Hardcopy School Foods Kit, \$10
Partners:	Parent/Teacher Organization, Local School District, Local Chamber of Commerce, Food Retailers
Description:	This toolkit includes goals and strategies for improving school foods and beverages as well as background materials and fact sheets on children's diets and health, school meal programs, vending, and other school food venues. It also has a section on techniques that can affect change including guidance and model materials for communicating with decision makers, the press, and other members of the community.

Policy:	Adopt educational materials (i.e. storybooks, coloring books) that contain positive references to healthy food and avoid educational/play materials that endorse products such as fast food or cookies. 
Impact:	Research indicates that positive food messages contained in fairy tales and children's storybooks can impact vegetable consumption.
Associated Toolkit for Implementation:	Color Me Healthy
Website:	<a href="http://www.colormehealthy.com/">http://www.colormehealthy.com/</a>
Cost:	Color Me Healthy Training  - Training manuals: Training presentation, Color Me Healthy clip art, Participant Certificate, Sample training agendas, Marketing materials, CDs with all files, Evaluation forms, \$100/kit plus \$4 shipping  - Training session: \$variable  Color Me Healthy Toolkits  - English Kit: Teacher's Guide, 4 sets of Picture cards, 3 Classroom posters, CD with 7 original songs, Hand stamp, 2 Parent's posters, 14 reproducible Parent newsletters, \$80/kit for under 100 kits;  - Spanish Kit: Picture cards, 1 Classroom posters, 2 Parent's posters, 13 reproducible Parent newsletters, \$25/Spanish kit for under 100 kits
Partners:	Parent/Teacher Organization
Description:	Color Me Healthy is a program developed to reach children ages 4 and 5 with fun, interactive learning opportunities for physical activity and healthy eating. It is designed to stimulate all of the senses of young children: touch, smell, sight, sound, and, of course, taste. Through the use of color, music, and exploration of the senses, Color Me Healthy teaches children that healthy food and physical activity are fun.


Policy:	Attract supermarkets to underserved areas through financial and regulatory incentives. 
Impact:	A study that included over 10,000 residents in 221 census tracts found that residents' intake of fruits and vegetables increased with each additional supermarket in their neighborhood.
Associated Toolkit for Implementation:	USDA: Community Food Security Assessment Toolkit
Website:	<a href="http://www.ers.usda.gov/publications/efan02013/">http://www.ers.usda.gov/publications/efan02013/</a>
Cost:	Web-based resources: -USDA: Community Food Security Assessment Toolkit, \$0 downloadable
Partners:	Local Government, Local Chamber of Commerce, Food Retailers
Description:	This report provides a toolkit of standardized measurement tools for assessing various aspects of community food security. It includes a general guide to community assessment and focused materials for examining six basic assessment components of community food security. These include: guides for profiling general community characteristics and community food resources, materials for assessing household food security, food resource accessibility, food availability and affordability, and community food production resources. Data collection tools include secondary data sources, focus group guides, and a food store survey instrument.



Policy:	Complete the sidewalks and streets to support walking and biking in all communities. 
Impact:	Studies found that residents of communities that were conducive to physical activity (e.g., mixed-land use, walkability, and bikeability) were more likely to participate in leisure and transportation-related physical activity.
Associated Toolkit for Implementation:	Winning with ACEs! How You Can Work toward Active Community Environments (referred to as the ACEs Guide)
Website:	<a href="http://www.eatsmartmovemorenc.com/ACEs/ACEs.html">http://www.eatsmartmovemorenc.com/ACEs/ACEs.html</a>
Cost:	Web-based resources: - Winning with ACEs, \$0 downloadable
Partners:	Local Parks and Recreation, Local Department of Transportation, Local School District
Description:	The ACEs Guide was developed to assist interested parties who are starting to make their communities more supportive of physical activity. The primary audience for the ACEs Guide is public health practitioners, but many community groups and grassroots coalitions will find the information useful. This ACEs Guide provides a logical sequence of steps/actions to guide your work in developing active community environments.



Policy:	Connect locally grown food to local retail establishments. 
Impact:	The practice of distributing locally and regionally grown food to local retail establishments has many benefits including supporting the local economy, reducing pollution from long distance food transport, establishing relationships between farmers and the communities they serve, and providing residents with food that is seasonal and fresh.
Associated Toolkit for Implementation:	Glynwood: A Guide to Serving Local Food on Your Menu
Website:	<a href="http://www.glynwood.org/resource/GuideLocalMenu.pdf">http://www.glynwood.org/resource/GuideLocalMenu.pdf</a>
Cost:	Web-based resources: - Glynwood Guide, \$0 downloadable
Partners:	Local Farmers, Local Cooperative Extension
Description:	This Guide to Serving Local Food on Your Menu is designed as a primer to help foodservice managers and directors, caterers, chefs, restaurateurs and others consider creative ways to incorporate fresh, local products into almost any foodservice setting.


Policy:	Encourage regular physician communication and brief counseling regarding physical activity, eating habits, and breastfeeding.  
Impact:	Studies have documented that brief counseling sessions integrated into regular medical check-ups have a beneficial impact on patients' physical activity levels and dietary practices.
Associated Toolkit for Implementation:	AIM for Change Toolkit
Website:	<a href="https://secure.aafp.org/catalog/viewProduct.do?productId=808&amp;categoryId=4">https://secure.aafp.org/catalog/viewProduct.do?productId=808&amp;categoryId=4</a>
Cost:	Web-based resources: - AIM for Change Toolkit, \$0 ordered through the American Academy of Family Physicians
Partners:	Virginia Chapter of American Academy of Pediatrics
Description:	The AIM to Change toolkit contains valuable resources and practical advice to help family physicians interact with patients in an office or community setting. These resources will show how to open a dialogue, encourage fitness by recommending simple changes, and capitalize on the "teachable moments" during patient visits. To help reinforce physician recommendations, the toolkit also includes supporting patient education materials to motivate patients and encourage healthy eating, physical activity and emotional well-being.






Policy:	Establish community gardening and agriculture initiatives. 
Impact:	A study in California found that community gardens improved nutrition and physical activity for participants as well as allowed communities to organize around other issues and build social capital.
Associated Toolkit for Implementation:	American Community Gardening Association: How to Start a Community Garden
Website:	<a href="http://www.communitygarden.org/learn/starting-a-community-garden.php">http://www.communitygarden.org/learn/starting-a-community-garden.php</a>
Cost:	Web-based resources: - Starting a Community Garden, \$0 downloadable - American Community Garden Association teleconferences and webinars, \$0 available online Implementation Costs: - Garden location-Gardening tools
Partners:	Local Farmers, Local Chamber of Commerce, Local Cooperative Extension
Description:	This publication is designed to give many different groups the basic information they need to get their gardening project off the ground. This publication provides information, guidance and suggestions to begin a process of creating community gardens as a valuable land use and to utilize the educational opportunity to emphasize nutritious foods.


Policy:	Institute guidelines for fundraising that promote healthy foods or non-food methods.  
Impact:	Studies indicate that students will buy and consume healthful foods and beverages, and schools can make money from selling healthful options. Of 17 schools and school districts that tracked income after switching to healthier school foods, 12 increased revenue and 4 reported no change.
Associated Toolkit for Implementation:	Sweet Deals: School Fundraising can be Health and Profitable
Website:	<a href="http://www.cspinet.org/schoolfundraising.pdf">http://www.cspinet.org/schoolfundraising.pdf</a>
Cost:	Web-based resources: - Center for Science in the Public Interest Report , \$0 downloadable
Partners:	Local Chamber of Commerce, Parent/Teacher organization
Description:	This report addresses school fundraisers and recommends that fundraisers not undermine the nutrition and health of students. This report describes many practical options for healthy fundraisers available to schools with names and contact information for more than 60 fundraising companies with which schools can conduct healthier fundraisers.


Policy:	Meet or exceed the requirements for minimum minutes of physical education.  
Impact:	This longitudinal study found that the likelihood of being an overweight young adult was reduced by participation in certain school-based and extracurricular activities during adolescence. The data offers evidence to policy makers that increasing resources for quality physical education and sports is a promising strategy to reduce adulthood overweight.
Associated Toolkit for Implementation:	Energizers: Classroom-based Activities
Website:	<a href="http://www.preventioninstitute.org/sa/enact/school/documents/afterschool.pa.programs.K-5-Energizers.pdf">http://www.preventioninstitute.org/sa/enact/school/documents/afterschool.pa.programs.K-5-Energizers.pdf</a>
Cost:	Web-based resources: - Energizers Lessons , \$0 downloadable
Partners:	Parent/Teacher organization
Description:	"Energizers" are activities that teachers can integrate into their lessons to get kids moving while teaching academic concepts. Teachers can align the Energizer activities with the curriculum content they will teach for the year. Most activities are easily adapted for special needs students, rainy days and other areas of study. Activities should be used as a model for teachers to create active lesson plans.

Policy:	Provide healthy food options for employees during the workday and at all meetings. 
Impact:	Eating is one behavior that is greatly influenced by the workplace. It has long been demonstrated that the physical and social environment of the workplace influences health-related behaviors.
Associated Toolkit for Implementation:	University of Minnesota School of Public Health: Guidelines for Offering Healthy Foods at Meetings, Seminars and Catered Events
Website:	<a href="http://www.ahc.umn.edu/ahc_content/colleges/sph/sph_news/Nutrition.pdf">http://www.ahc.umn.edu/ahc_content/colleges/sph/sph_news/Nutrition.pdf</a>
Cost:	Web-based resources: - Guidelines, \$0 downloadable
Partners:	
Description:	Guidelines for Offering Healthy Foods at Meetings, Seminars and Catered Events were developed for any organization interested in promoting a healthy work environment. Guidelines includes strategies that target: Offering healthy choices at breakfasts, lunches, dinners and reception and Considering not offering a mid-morning or mid-afternoon snack at meetings, seminars, and conferences.

Policy:	Provide training and incentives to small store owners in underserved areas to carry healthier food items, such as fresh produce. 
Impact:	The Apache Healthy Stores program worked to improve the diets of community members and thereby reduce the risk for obesity and diabetes among Apache people, through promoting healthy eating in grocery and convenience stores through shelf labels, flyers, posters, and cooking demonstrations. Results indicated that purchasing of healthy foods appeared to increase after the program. In particular, fruits and vegetables were purchased more frequently after the program in households located near the program stores (intervention areas).
Associated Toolkit for Implementation:	Neighborhood Groceries: New Access to Healthy Food in Low-Income Communities
Website:	<a href="http://www.cfpa.net/Grocery.PDF">http://www.cfpa.net/Grocery.PDF</a>
Cost:	Web-based resources: - Guidelines, \$0 downloadable Implementation Costs: - Staff salaries, grocery store conversion costs, costs of produce and healthy foods, etc, variable
Partners:	Chamber of Commerce, Local Farmers
Description:	This publication reviews a spectrum of business models, from grand new supermarkets to modest corner stores with a series of important criteria to guide the proper selection of a market-based solution. One promising model, among others, involves the conversion of existing corner stores, typically depending upon sales of alcohol, tobacco and sodas, into neighborhood groceries selling healthy foods.

Policy:	Provide training to staff to lead activity sessions, prepare healthy food options, and model positive eating and activity behaviors.  
Impact:	Studies demonstrate the importance of child care settings in shaping children's' nutrition and activity levels and the importance of more uniform standards and evaluation in this setting.
Associated Toolkit for Implementation:	Building Mealtime Environments and Relationships: An Inventory for Feeding Young Children in Group Settings
Website:	<a href="http://www.ag.uidaho.edu/feeding/pdfs/BMER.pdf">http://www.ag.uidaho.edu/feeding/pdfs/BMER.pdf</a>
Cost:	Web-based resources: -Inventory, \$0 downloadable
Partners:	
Description:	Building Mealtime Environments and Relationships: An Inventory for Feeding Young Children in Group Settings is designed to examine group care and education settings including child care centers, preschools, and Head Start centers. The BMER is an inventory of strategies for evaluating feeding children ages 24 months through 5 years. It is designed for evaluation of full meals, but may be used to inventory strategies at snacktimes. The BMER is most appropriate for settings where food is prepared and served, though programs that use lunchbox meals may adapt the tool to fit their needs.

Policy:	Provide various physical activity options that reflect the interests and diversity of program attendees. 
Impact:	Study found that in 59 elementary schools in Canada greening school grounds can promote physical activity by increasing the range of non-competitive, open-ended forms of play. Compared to conventional school grounds, green school grounds appealed to a wider variety of interests and offered more opportunities for students of all ages and abilities to be active.
Associated Toolkit for Implementation:	Sports4Kids
Website:	<a href="http://www.sports4kids.org/images/stories/sports4kids%20playbook.pdf">http://www.sports4kids.org/images/stories/sports4kids%20playbook.pdf</a>
Cost:	Web-based resources: -Sports4Kids Playbook, \$0 downloadable
Partners:	Local Office on Disabilities, Local Agency on Aging
Description:	The Sports4Kids program places itself squarely in the middle of two common perspectives on sports, the organized league sports and “playground sports”. The goal of the Playbook is to inspire educators to introduce sports and physical activity regularly within the school day, to use sports as a jumping off point for teaching a range of “life skills” that can enrich each child’s experience of school and enhance the quality of their lives.

Policy:	Reimburse employees for preventive health and wellness activities. 
Impact:	An incentive based program for San Bernadino county employees has motivated 1,600 employees to walk on their breaks. A survey of participants revealed weight loss, a reduction of stress, and increased energy levels.
Associated Toolkit for Implementation:	Building Healthy Texans: A guide to lower health-care costs and more productive employees
Website:	<a href="http://www.dshs.state.tx.us/wellness/wwt.shtm">http://www.dshs.state.tx.us/wellness/wwt.shtm</a>
Cost:	Web-based resources: - Toolkit, \$0 downloadable
Partners:	
Description:	This toolkit, developed in partnership with Blue Cross Blue Shield of Texas, is a guide to help Texas employers develop and improve programs for employee wellness. The toolkit has three components: describing the benefits of launching a successful worksite wellness program describing the essential steps required to launch a successful program, and Texas success stories, including those from school districts, municipalities, mid-size employers, and large employers.

Policy:	Support the ability to breastfeed at work by providing a comfortable, private space for employees.
Impact:	Breastfeeding is widely known to benefit mothers and infants both from a nutritional and bonding aspect. Women who are able to continue to breastfeed after returning to work miss less work time due to baby related illnesses, have shorter absences when they do miss work, and tend to return earlier from maternity leave.
Associated Toolkit for Implementation:	The Business Case for Breastfeeding
Website:	<a href="http://ask.hrsa.gov/detail.cfm?PubID=MCH00254">http://ask.hrsa.gov/detail.cfm?PubID=MCH00254</a>
Cost:	Implementation Costs  -The Business Case for Breastfeeding. Steps for Creating a Breastfeeding Friendly Worksite: Bottom Line Benefits Kit, \$0 online order
Partners:	La Leche League, Virginia Breastfeeding Advisory Committee
Description:	This kit contains a series of materials designed to create breastfeeding friendly work environments. It includes booklets for business and human resource managers to use to support breastfeeding employees and an employee's guide to breastfeeding and working. The kit also provides an outreach and marketing guide and a tool kit with reproducible resources and a CD-ROM.

## Appendix C: I am Moving, I am Learning Trainers

Blue Ridge Region Trainers		Position/ Organization	Contact Information		
			Email Address	Phone Number	Address
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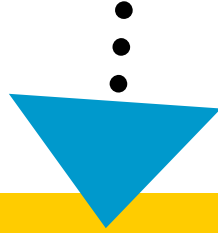
Roanoke Region Trainer		Position/ Organization	Contact Information		
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Cindy	Raymond	Teacher	<a href="mailto:smchs2@yahoo.com">smchs2@yahoo.com</a>	276-386-7371	PO Box 1450 Gate City, VA 24251
Susan	Lane	Teacher	<a href="mailto:wchscenter@yahoo.com">wchscenter@yahoo.com</a>	276-386-3877	PO Box 1450 Gate City, VA 24251
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